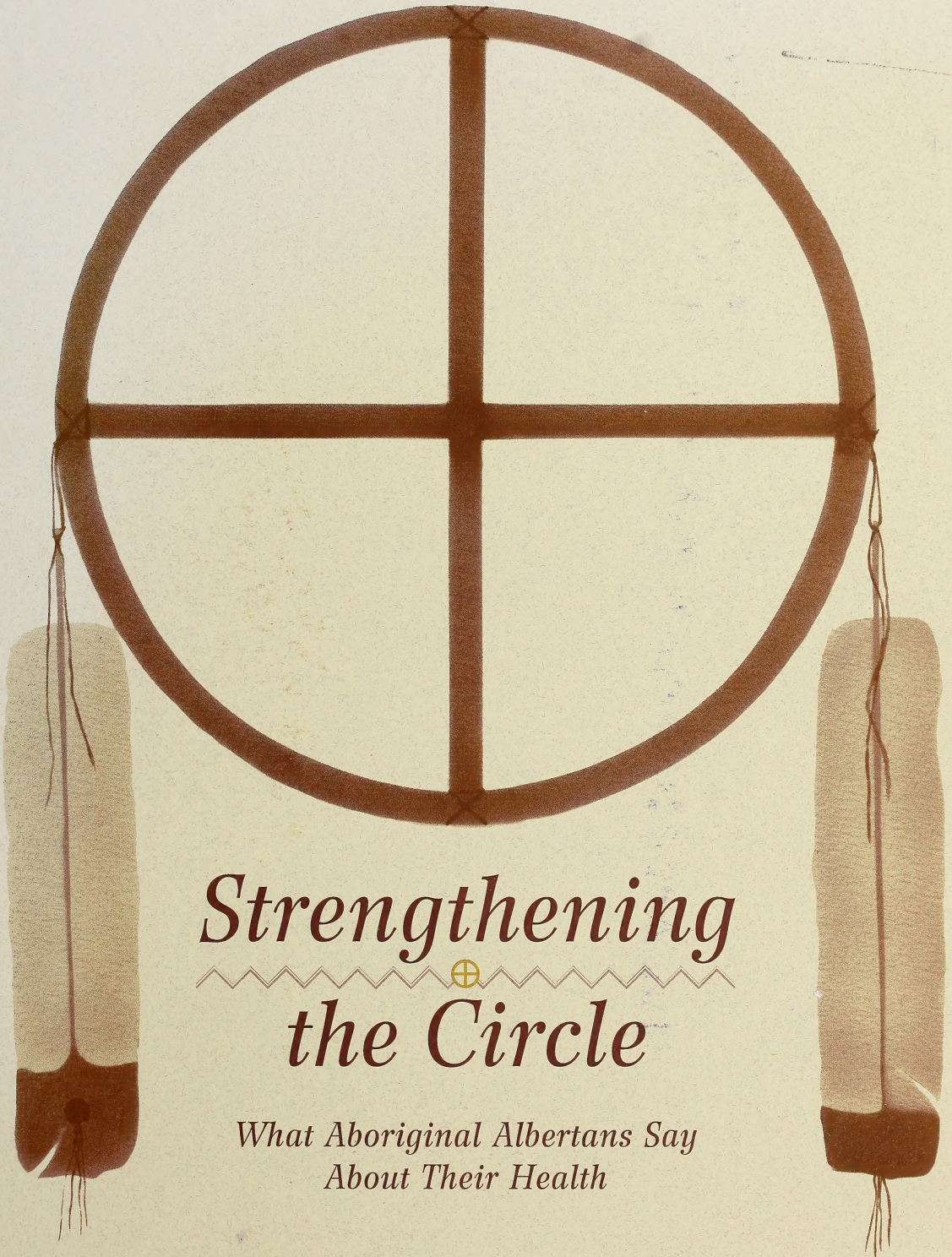


Strengthening the Circle

What Aboriginal Albertans Say About Their Health

The Art of Listening

Listening is an art. It is an important part of Aboriginal culture to be polite, to listen without interrupting. Another important aspect of Aboriginal culture is storytelling. Stories carry the words of the ancestors, the values of the culture, the relationship with the land, relationships between people. Stories are how Aboriginal children learn and how spirit is kept alive.

Aboriginal people say they are not being heard. This is often very true. In the first place, English may not be their first language. Many Aboriginal people are uncomfortable with the technical jargon of health professionals and administrators.

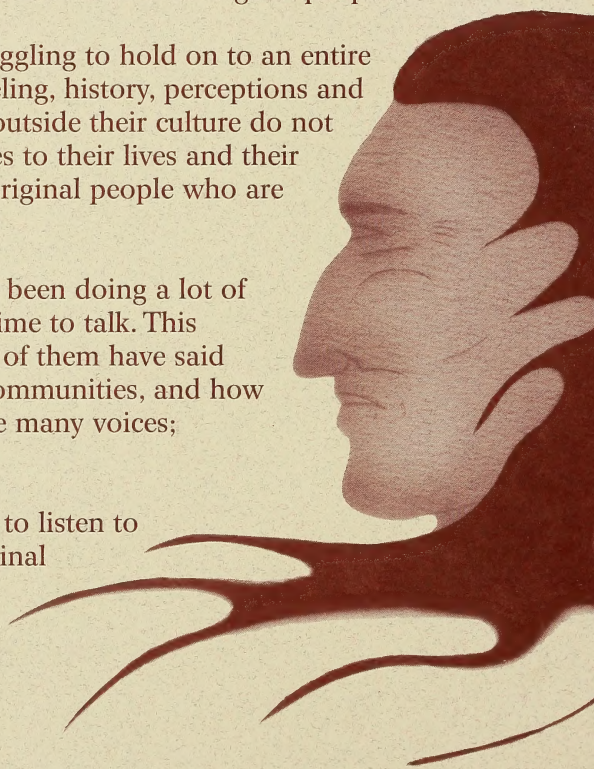
Aboriginal people often speak with passion and great feeling, which makes many people who are used to professional detachment uncomfortable. The storytelling style of Aboriginal people sounds unfamiliar to those raised in a Euro-American culture.

Often, when health officials and providers speak to elders and other Aboriginal people, the burden of understanding is placed almost entirely on the shoulders of the Aboriginal people.

Aboriginal people are struggling to hold on to an entire universe of knowledge, feeling, history, perceptions and relationships that people outside their culture do not understand. When it comes to their lives and their communities, it is the Aboriginal people who are the experts.

Aboriginal Albertans have been doing a lot of listening. Now, it is their time to talk. This report records what many of them have said about their health, their communities, and how they wish to live. There are many voices; they do not all agree.

Now is time for Albertans to listen to the many voices of Aboriginal people.



How the project began...

In 1990 the Provincial and Territorial Ministers of Health adopted an Aboriginal Health policy paper which set some of the health concerns of Aboriginal people in a national context. In 1991 the Minister of Health of Alberta initiated a grassroots, made-in-Alberta review of Aboriginal health issues. The Native Health Liaison Project was to actively seek out, hear and record what Aboriginal people in Alberta thought about their health and the health of their communities.

So a Provincial Coordinator for the project was hired. Letters were sent out to Aboriginal organizations across the Province and included each First Nation and Metis Settlement. The letters contained the 1990 Provincial/Territorial policy paper and asked if the Provincial Coordinator (and sometimes other government workers) could come to the communities to hear about community health issues. Over 130 meetings were held across Alberta — First Nations, Metis settlements, friendship centres, remote, rural and urban communities.

One goal of this process was to help develop an Aboriginal health strategy to help Alberta Health, health agencies and health providers in addressing the health needs of Aboriginal people.

There are two separate papers in this document. ***Strengthening the Circle*** contains the comments of Aboriginal Albertans spoken in various meetings. The ***Aboriginal Health Strategy*** is Alberta Health's initial response to what was heard at the meetings.

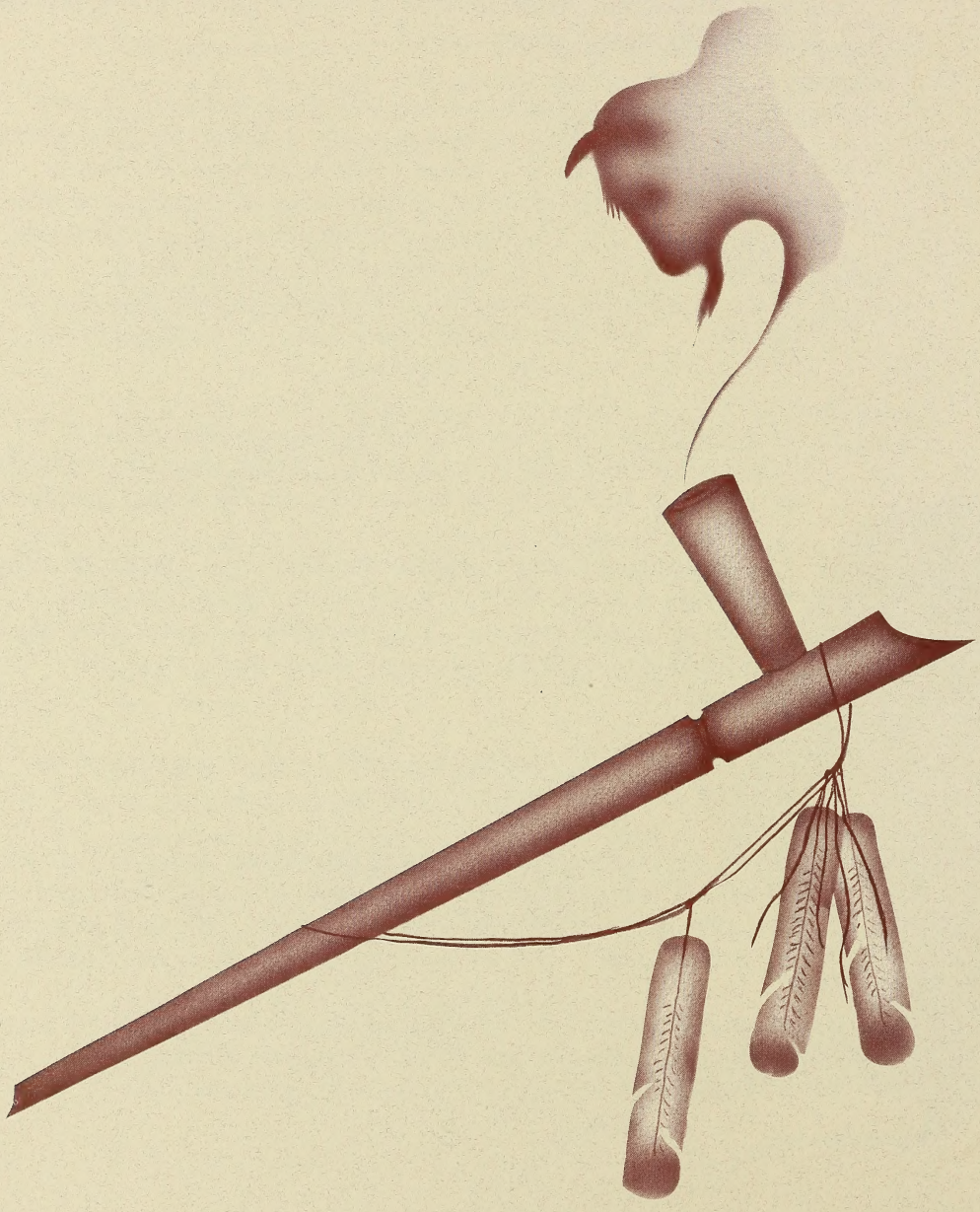
The report and the strategy are not the end of this process but another step in a continuing dialogue.

When you look at ***Strengthening the Circle***, we would ask you to tell us if we have accurately reported the issues, concerns and thoughts of the Aboriginal people of Alberta. We need to know if we listened well, and if we have understood the issues correctly.

When you look at the ***Aboriginal Health Strategy***, let us know if this is a useful first step. What other issues need to be addressed? How might these issues be addressed better?

To assist you in responding to these questions, we have provided a comment page at the end of this document with our address and phone number.

We wish to thank the very many people for their help in making this report. The people who came to the meetings gave a lot of time and thought to what they said, and we respect and appreciate them for their effort and trust.



This is an unusual report

Strengthening the Circle is an unusual report, especially for a government document. In fact, this report does not come from the government; it is a record of what Aboriginal community members and Aboriginal leaders said to visitors from Alberta Health.

This report is unusual because it is largely unedited. Much of this report is in the words spoken by Aboriginal people at the meetings.

Because Aboriginal people in Alberta have many different experiences and many different opinions, there are many conflicting ideas in this report. Some voices are angry, some hopeful. Some of the voices are quiet, some strong. But what is written here (in italics) is what was said at those meetings. There will be a lot of questions about what was said, which is good. ***Strengthening the Circle*** is meant to get people talking to each other.

This report is unusual because, like a circle, there is no "beginning, middle and end" to it. We expect that readers — people living in Aboriginal communities, health workers, government bureaucrats — will not read this report from front to back. More likely, they will turn to the Table of Contents, look for what they are most interested in, and read that first. Then they will read other parts as they wish. So we have repeated important things quite often, to make sure they get across as readers dip into various parts of this report.

Another reason to avoid the "beginning, middle and end" kind of report is that we hope nobody ever gets the sense that they have "finished" it. The words of Aboriginal people are a source of wisdom that can be consulted for many years to come — every time somebody reads from ***Strengthening the Circle***.

It is clear that there is no "easy fix" to the health issues facing Aboriginal people. But we hope that this report will help people — Aboriginal people and people working in the health care system (doctors, nurses, community health representatives, as well as hospital, health unit, and mental health clinic administrators among others) — to talk more to each other. Everybody has the same goal: healthier Aboriginal communities in Alberta.

Table of Contents

A few facts...

Aboriginal nationalities in Alberta include: Woodland Cree, Plains Cree, Chipewyan, Beaver, Slavey, Tsuu T'ina, Blackfoot, Blood, Peigan, Stoney, Ojibwa, Algonquin, Iroquois, Metis and Inuit among others.

Some Aboriginal people have come to Alberta from other provinces and the United States.

Alberta's Aboriginal population is increasing three times faster than the general population.

According to the 1991 census:

- 148,220 Albertans identified themselves as having at least one Aboriginal ancestor. This is 5.8 per cent of the Alberta population.
- 99,650 indicated that one or more of their ancestors were North American Indian; 54,225 identified themselves as "Registered" Indians; 50,095 identified with specific Indian Bands.
- 56,315 indicated that one or more of their ancestors were Metis; 20,485 identified solely with Metis ancestry.
- 2,825 indicated that one or more of their ancestors were Inuit; 560 identified solely with Inuit ancestry.
- The Aboriginal population of Alberta is younger than the general population.
- 24,955 live on reserves or settlements.
- Aboriginal people continue to move to cities.
- 124,520 people who have Aboriginal ancestors live off-reserve, or off-settlement.

- The average income for Aboriginal people is about half of that of non-Aboriginal people.

- Aboriginal people, compared to the general population, are more likely to work in labour or unskilled jobs. Aboriginal people who do not live on reserves are increasingly getting managerial, technical and professional jobs.

- At the time of the 1991 census, 10 Indian reserves did not participate or were not completely enumerated.

Aboriginal communities located in remote areas of the province often do not have good enough housing, clean water, or healthy sewer systems. Often, there are very few or no recreational activities available to youth.

A lot of research has been done on the health of Treaty Indians. (While the studies are Canadian, there is no reason to believe that the Alberta situation would be remarkably different than the rest of the country.) The most significant fact is that, in almost every way, the health of Treaty Indians is not as good as other Canadians'. Statistical information is not readily available about the health of non-Treaty Indian and Metis people. It seems that their health is about the same as Treaty Indians.

Research shows that the health of First Nations people is improving. But the big gap between First Nations people and other Canadians continues to exist. The life expectancy of Treaty Indians is approximately 10 years less than for other Canadians. It is shocking to know that Canadian First Nations people suffer twice the number of infant deaths as Aboriginal people in the United States, in spite of the fact that Canadians, generally, have better health than Americans.

► *"The health status of our Native people is deplorable and one can only witness this first hand and that's by living with them in their respective communities."*

Aboriginal communities

Treaty rights of First Nations

There is a great deal of confusion as to which level of government or which health provider has the responsibility to provide health services to the Aboriginal people in Alberta. In some respects, there is a distinction between Treaty Indians and other Aboriginal people. Treaty Indians clearly have special rights, under the treaties, that are not enjoyed by other Albertans.

Treaty Indians say that they have a "treaty right" to health based on the treaties which were signed by First Nations and the Crown. Alberta is covered by Treaties 6, 7 and 8. Treaty 6 contains two statements about health care. One statement guarantees health services in response to "pestilence and famine", while another statement says that a "medicine chest" will be kept "in the house of the Indian Agent".

The Canadian government, under the treaties and Section 91(24) of the Constitution Act, has jurisdiction respecting "Indians and lands reserved for Indians." In 1979, the Canadian government announced a new Indian Health Policy. This policy, which continues today, is based on three principles:

1. the importance of socio-economic, cultural and spiritual development in attacking the underlying causes of ill health;
2. the reaffirmation of the traditional special relationship of the Indian people to the federal government, described as "flowing from constitutional and statutory provisions, treaties and customary practice"; and
3. the recognition that Indian health services are part of the Canadian health system and the encouragement of the Indians to participate fully in it.

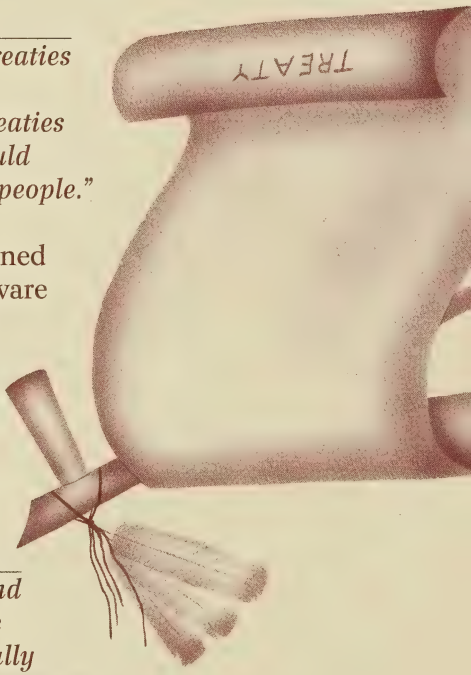
All Aboriginal people living in Alberta, including Treaty Indians, are entitled to the rights and privileges enjoyed by all residents of Alberta.

The Alberta government is responsible for the provision of health services to the citizens of Alberta.

Significance of the treaties

First Nations do not, generally, wish to rely on the province for all their health care services. But some First Nations people said that the Canadian government has not lived up to its treaty responsibilities to deliver the full range of health services to their people. Many believe that the federal government is looking for ways to off-load its responsibilities to the provinces. Home care, long term care and non-insured health benefits are often mentioned as examples.

> ► *"Over the past 100 years our treaties have not been respected. The Commissioners who signed the treaties had promised that the Crown would satisfy the requests of the Indian people."*



First Nations people are very concerned that service providers are often unaware of their treaty rights, especially the services available under the federal Non-Insured Health Benefits Program. Because of this confusion, some Treaty people do not receive the services that they have a right to receive.

> ► *"Optometrists, psychologists, and other service providers have to be aware of our treaty rights especially when it comes to accessing their services. Treaty rights will have to be at the forefront when dealing with the Treaty 7 Indian First Nations."*

First Nations people are afraid that if the province takes on the service responsibilities that they consider to be treaty rights, the Canadian government will be in a stronger position to argue that these health services are not rights.

> ► *"Treaty Indians should be kept separate from other groups because of the special trust relationship with the federal government."*

> ► *"If we don't move toward positive ways, the provincial government is going to take our Indian Affairs responsibility. The federal government is still assimilating us, very much as (in) the 1969 white paper. If we don't pay attention to that, the province in the future shall dictate to us, and will say 'I didn't sign a treaty with you.' "*

> ► *"Is the province trying to assume the role of delivering health services to Indian Bands now? We want to ensure that our rights are in no way jeopardized, and that the responsibility will remain with the federal government."*

Some First Nations people said that their treaty rights should follow them wherever they live.

> ► *"Treaty Indian people are in serious danger of losing all our treaty rights forever if something is not done to stem the flow at the urban level. We are the front lines for now but when the governments have succeeded in the cities, the next step will be to attack the treaty rights of those living on reserves."*

Elders warn current First Nations leaders that they need to carefully guard the treaty rights of their people.

> ► *"At the time of the treaty, it was signed so that there would be no fighting over territory to live in harmony with each other. The White people only asked to be loaned 1/2 foot of land to grow their crops. We, as Indian people, have to make sure we don't forget our pipe ceremonies like the White man has his Bible, we have to remember our traditional ways this way."*

> ► *"Be very careful, think slowly about the future of our people. Our great grandfathers took a lot of care, deliberation and time before they signed anything. Be careful. This wisdom by our forefathers, we can only keep our treaty by hanging onto our reservations. These treaties were signed to outlive present Native nations across North America."*

► *"I hope you will include in your report that you are not taking away the health responsibility from the federal government when it comes to helping our First Nations. Hopefully the report will help us to build a long lasting relationship with the province and something that is different from the federal government."*

The role of the Government of Canada

Health Canada through its ***Medical Services Branch (MSB)*** provides community health services to First Nation reserves. The services include medical treatment, public health, health education, prevention programs and environmental health services.

In Alberta, MSB maintains one acute care hospital (the Blood Indian Hospital at Cardston), three remote nursing stations (Fort Chipewyan, Hay Lakes and Fox Lake) and over 40 health centres and health stations on First Nations reserves.

MSB provides a ***Non-Insured Health Benefits Program*** to all Treaty Indians whether they live on- or off-reserve. These benefits cover health-related goods and services that are not provided on a universal basis by provincial health programs. Benefits include: prescription drugs, medical supplies and equipment; medical transportation; optometric services and eyeglasses; dental care and mental health services. Medical Services Branch also pays the Alberta Health Care Insurance premiums and co-insurance fees for all Treaty Indians.

The ***Department of Indian and Northern Affairs Canada*** is responsible for economic and social services on First Nation reserves. This includes education, some health services provided through schools, homemaker services, income support services, housing and seniors lodges.

The ***National Native Alcohol and Drug Abuse Program (NNADAP)*** provides a range of preventive and treatment services, created especially for Indian culture, to Treaty Indians.

But many First Nations people are not happy with the health care services, both on- and off-reserves. They say these services are not good quality and are not easy to get. Sometimes it is hard to find out exactly what services are available.

Many people want their elders cared for on-reserve. They want home care programs, lodges for Indian seniors who can manage to live independently, and nursing homes.

Some say that First Nation people are not treated sensitively, and do not get good enough care, in private and provincial facilities located off-reserve.

On-reserve health staff say that communication between reserve health centres and neighbouring provincial health facilities has to be improved. Sometimes people from the reserve are sent home without talking to health care staff working on the reserve. So follow-up care is hard to do properly.

Many First Nations people say that the non-insured health benefits, which they consider to be treaty rights, are being reduced or eliminated by the federal government. They are very worried about limits to mental health services. Some say they want more generous benefits, especially help in paying the cost of getting to doctors and hospitals.

The role of the Government of Alberta

The Alberta government recognizes and respects the special relationship between the Canadian government and First Nations under the treaties. This includes both on-reserve community health services and additional non-insured health services for First Nations people. Alberta Health will not act in any way to diminish that responsibility.

Unlike health services on First Nation reserves, community health services for Metis settlements and other rural or remote communities are the responsibility of the Alberta government.

All Aboriginal people are entitled to quality health services provided off-reserve by Regional Health Authorities and provincial health boards through provincially funded hospitals, extended care facilities, mental health clinics and health units as well as all insured services provided under the Alberta Health Care Insurance Plan.

Alberta Health, in partnership with Aboriginal leaders and communities, will work to see that provincial health services are open to all Aboriginal people and are respectful of their cultures.

The aim of Alberta Health is to improve the health of all Aboriginal Albertans.

Metis people in Alberta

The Metis people are not Indian or Inuit; they are descendants of the historical Metis who evolved in western Canada as a people with a common political will.

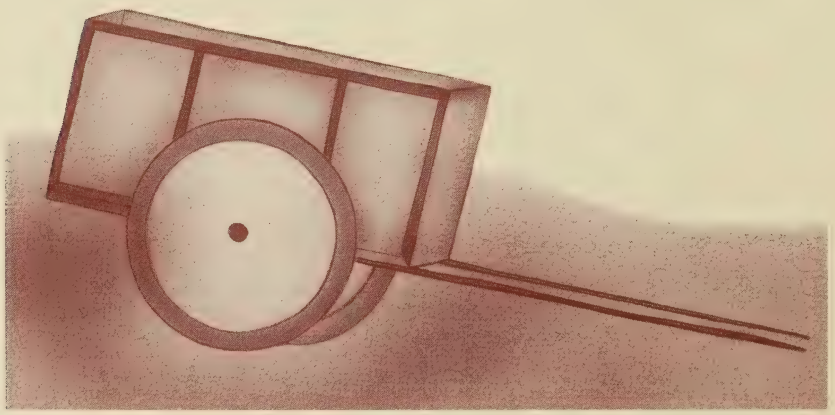
Metis are people of mixed European and Indian blood who have Metis ancestors and "declare themselves to be Metis."

The Metis, historically, played a vital role in the fur trade. They were fur trappers and fur traders, explorers, guides and interpreters. They were great buffalo hunters and pioneers.

Metis history talks about "a forgotten people" who had their lands sold out from under them. They have struggled a long time for rights to their own land and their own culture.

Metis settlements

Alberta is the only province in Canada where Metis people have rights over specified territories, known as "Metis settlements". Individual settlements are governed by a Chairman and Council. There are eight settlements which are located across northern Alberta. They have formed a federation under the Metis Settlements General Council. The Alberta - Metis Settlements Accord, signed in 1989, and the following legislation, provides a



financial package over a 17-year period. At the end of the transition period:

- Provincial and federal benefits and services will be provided to settlement members in as fair, efficient and effective a manner as possible. Settlements will receive an equal level of benefits and services as other areas.
- The settlement councils will have achieved political, financial and administrative capacity and responsibility to enable them to function the same as other local governments in Alberta.
- Provincial health services shall be provided to the settlements at an equitable level to other similar communities.

While things are improving with the "transition process", Metis settlements are just beginning to develop the administrative, economic and service infrastructure that other Alberta municipalities and First Nation reserves have. These settlements have been amongst the poorest and most under-serviced areas of Alberta.

Metis settlements have very limited community-based health services, especially community health nursing, elder care, home care, health prevention and education programs, and mental health services. Some settlements have the services of a community health worker; most do not. Several settlements have no health facility; others may have a room which is used by a community health worker and visiting health professionals.

The Metis Nation of Alberta

The Metis Nation of Alberta Association has signed two general agreements which establish a special relationship between the Metis Nation and the Alberta government. One is the ***Metis Nation Framework Agreement*** between Alberta and the Metis Nation. Another is the ***Tripartite Process Agreement*** which includes the Canadian government. These agreements concern access to provincial services and provide a way for the Metis Nation to become involved in the design and delivery of services for Metis people.

Mixed Aboriginal communities

There are a number of small (50 to 1500 people) hamlets on provincial Crown land where a variety of Aboriginal people live: Treaty Indians, non-Treaty Indians and Metis. Some non-Aboriginal people may also live here. Some of these communities are remote: you can get there only by airplane, boat or by driving a very long way.

Like the Metis settlements, these communities have poorly developed administrative, economic and service infrastructures. Small size, remote location and unique cultures have made it hard to provide good community health services.

Non-Treaty Indians and Metis people living in small communities are very aware that Treaty Indians get additional services, at no cost, through the federal Non-Insured Health Benefits Program. Sometimes, even in one household, Treaty Indians get benefits which non-Treaty members of the family do not. Government policies have led to very different situations in these mixed communities. The different levels of service are obvious to all and often lead to bad feelings and misunderstandings.

Bill C-31 Indians

Since Bill C-31 became law in 1985, 165,571 people have applied to Indian Affairs to have their names added to Ottawa's list of people it deems to be Indians. Across Canada, 91,112 have passed the test. 9,541 live in Alberta. Some First Nations have accepted C-31 Indians as full members; however, many reinstated Indians have not been accepted into any First Nation. Many First Nations argue that determining membership is their right. In many cases there is a shortage of money, land and resources to provide for the needs of newcomers.

The children and grandchildren of some Bill C-31 Indians have lost their status. This means that they do not get the non-insured benefits program provided by Medical Services Branch to Treaty Indians. This is of primary concern with respect to the cost of drugs and medical transportation.

> ► *"The re-instatement of Bill C-31 Indians has caused a lot of grief and sadness throughout Indian Country. Families are split over this whole issue of Bill C-31."*

Aboriginal people living in urban areas

More and more, Aboriginal people are moving to the city. According to the 1991 census, over 80 per cent of people identifying an Aboriginal ancestor live outside First Nation reserves and Metis settlements. Of these, 32,945 live in the city of Edmonton, and 22,360 live in the city of Calgary.

Many Aboriginal people live in the inner-cities; many also live in high rises and suburbs. They work in a wide variety of jobs, professions and businesses.

► *"Edmonton is a great city. Indian people move to the city to be close to their families. The city has excellent facilities. For example, many Indian people are taking courses at the university and colleges. The University of Alberta has opened doors for Native people who want to complete their education.*

► *"Because of the size and diversity of the city, Aboriginal programs should not be concentrated in the inner city. Many Aboriginal people live in Mill Woods; they need to access services and cultural events for the Aboriginal community.*

Aboriginal people move to the city for better jobs, better houses and because they want to go to school. But, very often, Aboriginal people find out that living in the city is worse. They are too far away from their families and friends. It is hard to live in the traditional way in the urban areas.

► *"Because of the over-crowding of reserves, we are forced to move into urban centres because there are no houses available, or jobs on the reserves."*

► *"The youth in Calgary are having a hard time coping with the urban lifestyle when coming from the reserves and settlements. A lot of the youth come from alcohol dysfunctional families and some of the problems they face in the urban setting are alcohol and drug abuse. Young girls are becoming prostitutes and young men are ending up incarcerated in institutions for crimes committed while under the influence of alcohol or on drugs. Many of the youth have nowhere to turn for guidance and end up committing suicide as a way out. Teen pregnancies are rapidly rising among the Native population in Calgary. Many of the youth do not have proper direction."*

> ► *"The elders who are living in the urban setting face difficulties at times because of loneliness and lack of transportation. They feel left out and neglected; they find it hard to communicate in English when they do seek medical attention at the hospital or health centre."*

> ► *"Many of the Native people who come in from the reserve have a hard time with the urban way of life. On the reserve everything is easier and they are used to that environment. In the cities they face the problems of: budgeting money, housing, poverty, alcohol and drug abuse, timelines, schedules, payment of bills, no close family members, differences between two races, cultural shock, loneliness, low self-esteem, low level of education and language barriers. All of this causes stress on parents. This in turn, causes neglect of children because the parents find it hard to cope in the urban centres."*

Aboriginal people living in the city do not participate in the process of gaining self-government over education, health, social welfare and policing that is occurring on reserves.

Many urban Aboriginal people have trouble getting and keeping jobs. They have far lower incomes (one study says that most urban Aboriginal people live on less than $15,000). Aboriginal people often do not have the same education as other people and live in poverty.

> ► *"Poverty means that many Aboriginal people cannot afford to participate in the community league activities that are organized in this city. Aboriginal children need to be taken on trips outside their communities."*

Even though there are lots of doctors, nurses and hospitals in the city, Aboriginal people have trouble using them. They may be unfamiliar with the city, and not know where health services are located. They are often unsure about which services are free and which are not. Many do not have family doctors.

Urban health care providers are often unfamiliar with Aboriginal ways, and may not respect Aboriginal culture. Health professionals often expect Aboriginal people to behave the way everybody else does. They may get angry when Aboriginal people act in their own way.

► *"It is really important that all health providers keep in tune with the Aboriginal communities both within and surrounding the urban area and to support the Aboriginal people in their fight for survival in our cities. Health providers need to understand the cultural importance of the community to Aboriginal people and therefore to support local Aboriginal communities and associations in order to better understand where Aboriginal people are coming."*

► *"Many of the urban Indians living in Calgary cannot afford to keep appointments with doctors because they have no funds. Some of the Native people's appointments are for serious health concerns such as: chemotherapy, kidney dialysis, chronic heart problems and diabetes. The majority of the Native people who are in need of this service are the elderly. Therefore, there is a need for the community agencies to review this matter. Some of the potential resources to help people keep appointments include handi-bus DATS, transportation vouchers or monthly bus passes."*

► *"Another point we would like to stress is that Medical Services Branch should do more for the inner-city Aboriginal people. They are being treated like all other Albertans in terms of standard health care coverage."*

► *"Indian people live with the issues of poverty, social assistance and welfare. Governments need to provide funding to overcome the barriers faced by Aboriginal people attempting to access services. Aboriginal people need funding to begin to work on their own problems."*

► *"Social Service agencies and community organizations do not advertise the services that are available to Indian people."*

Traditional Aboriginal culture

Every Aboriginal community, and person, is unique. However, certain beliefs are common. In traditional Aboriginal cultures, people care very deeply about their community and their family, including aunts, uncles, cousins and grandparents. They also have a deep sense of belonging to the larger universe. It is not traditional to look at only one aspect of a situation without looking at the total person, total community or total environment.

A holistic view of health

The traditional view of health emphasizes the "whole" person. Good health, to many Aboriginal people, means more than not being sick. They believe that the mind, the body, the emotions and the spirit must all work together for a person to be healthy.

> ► *"Today spirituality for Indian people is not a religion, we have to go by natural laws. For example, the birds go south every year. All animals, hawks and eagles go by natural law. Our people go by guiding principles as well."*

> ► *"We put money in programs. We ask if the money is well used. I tell you if there is no life (spirit) in it; it will not work. The program must have spirit. This is the role of our ceremonies."*

In traditional cultures, Aboriginal elders use symbols to teach people the ancient ways. Harmony and balance are basic to these beliefs. Health is often understood through the Medicine Wheel. Its roundness represents the sacred circle of life. It teaches that humans have four aspects to their natures: the physical, the mental, the emotional and the spiritual. Each aspect must be well nourished and healthy for the whole person to be complete. Each aspect influences the others. By keeping the four aspects of body, mind, emotions, and spirit in balance, the elders teach that each individual has the potential to grow and change, and the potential for a full and happy life.

The sacred circle of the Medicine Wheel can also represent the four directions and the four elements of nature: fire, earth, air and water. All are respected. All are necessary for life. The Medicine Wheel also teaches that the four races: red, yellow, black and white are all part of the same human family. All inhabit Mother Earth. Again, balance and harmony are needed for the human race to progress.

In Aboriginal traditions the people revere Mother Earth. One Aboriginal woman spoke, with great feeling, for her grandmother:

> ► *"Kokum told me that a tree has life, a tree has a spirit. She said that plants have life, they have a spirit. You must respect the plant, animal, mineral and human entities as part of the Great Spirit's creation. Never remove, destroy, or harm any*

form of life. You must give back to Mother Earth, if you should remove a plant for healing purposes. This is done in a very special, sacred way."

Many Aboriginal people are returning to the old way of thinking and behaving. Others are not. Just because they are Aboriginal, a person does not necessarily believe, or act, in the traditional ways.

Traditional healing

Traditional Aboriginal healers have led a big change in the cultural and spiritual life of many Aboriginal communities. Many Aboriginal people have a strong belief in the value of traditional medicine.

► *"Many traditional people are willing to use both Native and non-Native medicines. Usually if the non-Native medicine is proving to be ineffective, the traditional medicines will be taken. At other times it is a matter of what is more convenient."*

► *"Traditional Native people are convinced of the power of their medicines. Traditional medicines have been used to treat skin rashes, fertility problems, and sexually transmitted diseases. Some have been known to treat cancer."*

► *"I would like to see the day when Native medicine and Native healers can work in my community, where we can have these people available to help us to heal our bodies and our spirits. Sharing and caring are important concepts. We must have pity for each other. Native healers do not expect money; they do not need to be compensated."*

► *"We want the best to be offered from both White professionals and Indian philosophers."*

► *"A lot of our people are going back to the cultural and traditional ways. Our chief is leading the way, he has Indian ceremonies at his place such as sweats. We have a lot to offer when it comes to medicine. We are ready to educate the non-Native to our cultural and traditional life styles."*

Traditional medicine is closely linked to Aboriginal spirituality. Prayers and ceremonies are important. Sweatlodges are used in Aboriginal communities, in healing centres such as Poundmaker's Lodge and in several correctional facilities.

► *"I was an alcoholic. I almost died from alcohol. I was taken to the hospital. I was bleeding inside. I was weak. I was dying. A cousin from Hobbema, who was an elder, came to the hospital to pray for me. I cried; I confessed my bad habits to the Lord. I slept until the next morning. In a couple of days I could get out of bed. I never forgot what the prayers did for me. My Indian culture healed me. God answered my prayers. I asked for a new life, a new mind. I promised that I would work for Him."*

► *"People want to have their own medicines. These medicines are traditionally made into a tea. An elder, who was in a hospital bed, was about to drink a medicinal tea when a nurse walked into the room, took the tea and spilled it out. This was very hurtful to the elder."*

► *"Aboriginal medicine is passed on from father to son. The medicines are sacred and the recipes are to be kept secret. The recipes for the medicine are to be learned in a traditional way. They are not to be handed out or sold for profit. It involves a knowledge of roots and plants. Only certain leaves from a plant may be used, and they may only be picked during a particular season."*

► *"The collection of the roots and plants is preceded by a prayer ceremony asking the Creator to assist with the healing process. Native medicine and Native spirituality are combined."*

► *"A Native elder may wish to burn some sweetgrass or sage in their hospital room. A thin thread of smoke carries their prayers to the Creator. The elder may wish to have a sweetgrass braid or an eagle feather near their bedside. These are important possessions and should not be handled by others without permission. Hospitals and nursing homes in Alberta permit other religious ceremonies. Respectful ways should be found to enable Aboriginal people to express their spirituality."*

Traditional healers are beginning to work with some hospitals in Canada. But there are some problems standing in the way of traditional healers becoming a part of the system. There are strict laws that govern the practice of medicine. Experience in other

jurisdictions suggests that the successful melding of traditional medicine in a hospital or other non-traditional setting requires open communication between the traditional healer and the doctors, nurses and others on the hospital staff. Where practices conflict, respectful compromise must be sought.

> ► *"St. Mary's hospital in Tuscon, Arizona has a wing of its facility devoted to Traditional Indian healing. There is also a training centre where the elders are teaching the youth... Traditional medicine is also taught at the Navaho Indian College."*

> ► *"The use of traditional medicine is often done very quietly in the Stoney culture. People will approach the medicine man quietly and not advertise their visit. The medicinal tea may be taken surreptitiously into the hospital. The patient may not want the hospital staff to know what he or she is doing. Even if taking the Native medicine is accepted by the facility, the Native patients may still be inclined to hide it from the staff. This reflects the lack of trust Aboriginal people feel for European-based medicine and institutions in general. With increased trust some of the barriers may be lowered."*

Many Aboriginal people have asked for a more respectful approach by health professionals and administrators to their culture, including traditional medicine and traditional healers.

> ► *"The dominant society has treated Native traditions, ceremonies and spirituality with disrespect. This is one reason why Native people are reluctant to discuss their spiritual traditions with non-Natives. This lack of respect for the culture is not simply an issue of the past."*

A few hospitals are working to make Aboriginal people feel more comfortable. The High Prairie Hospital allows the burning of sweetgrass, herb teas and Indian medicine pouches. Pow-wows have been held on the hospital grounds. There is a Cree interpreter on duty. The Native elders have helped out a lot by praying and having ceremonies on the hospital grounds and in facilities.

Some Aboriginal people say that Alberta Health should recognize and support traditional healing. Some say that traditional healers should be paid for their services by the government. But some elders say that traditional healers do not expect payment by

government for their services, and that the gift provided by the patient is considered to be a part of the healing process. Some elders say that there should be some money for a healer's transportation, lodging and other expenses.

► *"Medicine may be made available to anyone in need who would respect the traditions. Asking for the assistance of a medicine man would normally involve a gift for the Native healer in exchange for the medicine. Native medicine is not for profit."*

Alberta Health has been asked by some Aboriginal people to support traditional healers in a way similar to the assistance provided by Health Canada. Medical Services Branch does not pay healers directly but funds the transportation of the patient to the healer or the healer to the patient, provided the travel is within Alberta.

The many Aboriginal voices at community meetings clearly show that Aboriginal people are not all the same. Some are not interested in traditional medicine and traditional ceremonies. Aboriginal people want health care providers to talk with the people they serve before assuming that they understand their cultural needs.

► *"There is a lack of understanding between White and Indian cultures. We need to develop the concept of partnerships."*

► *"We have to sit down with (the) hospital...so they will have a better understanding of our needs and we can learn more about their services."*

Aboriginal families

Aboriginal people are likely to have larger families than other Albertans. They have a deep sense of family connection, and include aunts, uncles, cousins and grandparents in the family circle. Many Aboriginal people have a tradition of adopting close friends into their families.

The impact of residential schools

In the middle of this century, the Canadian government passed a law that allowed Aboriginal children to be taken away from their families and sent to residential schools. The effect of that law is tragic.

Many children were treated very badly in residential schools. They were forbidden to speak their own language, eat their own food, or live according to the ways of their culture. Some children were beaten. Some were raped. Some died.

Residential schools are no longer in operation, but the wounds of that policy are still felt by the people who lived through it, and their children. Many adults are still so hurt that they have trouble being good parents or good community members.

► *"Jealousy and greed were taught in the schools and missions. You fought for bread, you fought for clothes. There was no love involved. You were taken from your family and held in the missions for ten months straight. The mothers and the dads couldn't exercise their love. Now there are lots of people who don't know how to raise kids, because this is what they went through, and that's what they pass on, because that's the only thing they know."*

► *"I went to a residential school myself and found a lot of hardships there. The priests and nuns did not treat the Indian people with respect. They always knocked us down instead of helping us cope with life and education. You are born an Indian, live an Indian, die an Indian and be proud of it."*

► *"Since as far back as I can remember, the priests and nuns have done a good job of brainwashing many of our Native people to forget their culture and traditions. This cultural genocide has had an impact on all the Indian First Nations right across the country. Many of our people are suffering today from the loss of identity and culture and, as a result, the kids suffer. The mental health status of all Aboriginal people has suffered immensely since the European churches and their way of life set foot on this part of the world."*

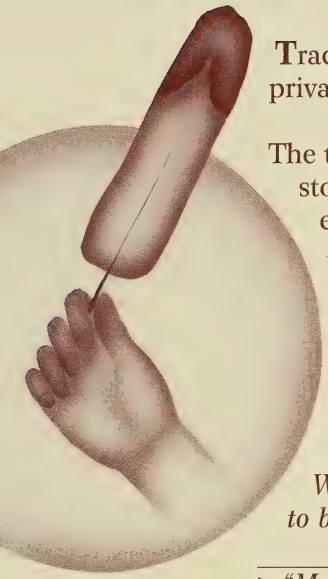
► *"Reality as I see it: White people wanted to make us into White people. They put us in residential schools. I lost who I was. I became ashamed of who I was. I was proud before I went to residential school."*

► *"I was a real Indian when I lived at home in the community. I understood our language. I knew our ceremonies. When I was in school I became a semi-Indian. After I came to work in the city I became an apple Indian. I lost my culture. I have since come back to my community. I learned the old ceremonies."*

► *"I was raised in a convent with 185 girls. I cried myself to sleep. I learned English. When I went home for my summer vacation I went with my family on the traplines. It was a five-day trip from my reserve at Alexis to Drayton Valley for the summer hunting. On these trips I learned who I was. I made a steam bath (sweat lodge) for my father. My father said that I earned something. I earned credit from the Creator. Healing comes from sweetgrass. My father taught me how to use it. He taught me many things."*

► *"The residential school system created problems that are passed by one generation to the next. We need to begin to heal these wounds in our communities. We need to start with an awareness that we have lived in oppression. We need resources to begin this process of community and individual healing."*

Children



Traditionally, children are a gift from the Creator, not private property.

The traditional way of raising children is to tell them stories that show how to behave properly. Traditionally everyone in the community took responsibility for raising the children. Looking after children was not left to parents alone.

The residential school system destroyed the traditional parenting skills of many communities.

► *"Residential schools did not teach us to be parents. We were always put down to be no good, so how are we to be any good?*

► *"Many parents are unable to do a good job raising their kids because they were taken away from their own families and raised in residential schools or missions. They learned how to survive in the schools, but did not learn of the importance of parents' love because they did not have it themselves. So they think that parenting means giving food, shelter and clothing. They do not know how to create strong loving relationships with their own children. They do not understand that their children need to be able to trust them. They do not understand that children need to feel safe."*

Still, many Aboriginal people are excellent parents. They love their children deeply.

Many Aboriginal parents are concerned that they are losing the power to positively influence the lives of their children. Through television, a flashy world of wealth and excitement is brought into their homes daily while the reality of life in their communities is very different. Good role models are hard to find in the media.

Aboriginal parents who have moved to the cities are often not at ease in dealing with the school system and the other agencies that deal with their children. They often do not know their rights. They may not be able to afford the increasingly expensive recreational opportunities available in urban areas.

► *"Children learn to hate themselves in school, especially in the city, because nobody is teaching according to Aboriginal culture and values. There are not enough Aboriginal teachers and role models."*

Some elders and community members at the community meetings gave advice to other parents. Aboriginal communities have a strong sense of responsibility for their children. They realize that children are their future.

► *"There needs to be more caring and sharing by the parents. They have to stop playing bingo. Bingo and alcohol and drug abuse has hurt the children in many respects, it leaves scars on the kids for life."*

► *"You cannot look at the children in isolation from the rest of their society. The needs of the children, their families, and the community should be thought about together."*

► *"Our children are so lost, so take care of your children, work, go outside and do chores with them. I'm not here to scold, only to remind you of the importance of caring, to love and care for your children."*

Adolescents

The suicide rate is five times the national average in the 15- to 24-year age group among Canadian Aboriginal youth. Not enough research has been done to say why Aboriginal teenagers are killing themselves, but some say it is a combination of boredom, isolation, poverty, substance abuse, sexual and physical abuse, and a general feeling of low self-esteem and powerlessness.

There is growing documentation that after being raped, teenagers turn to substance abuse, prostitution, self-mutilation and/or suicide.

► *"Adults have to take special care that their teenagers are protected against sexual violence. All Aboriginal youth should have access to counselling services, and safe places for those times when their homes and their communities do not feel safe."*

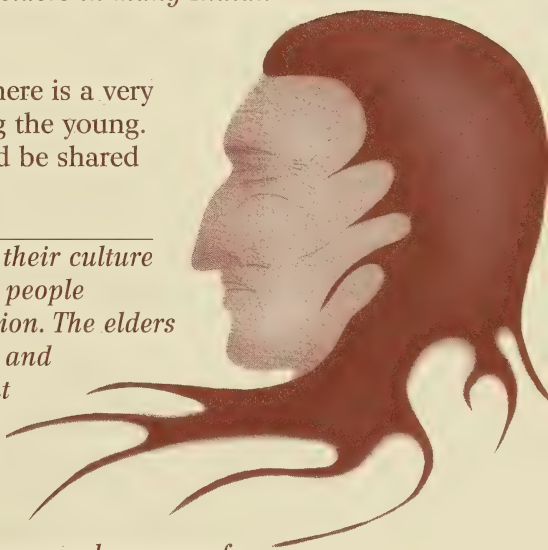
Elders

Elders have a special role in Aboriginal communities. They pass on traditional knowledge and are role models for children. The elders in some Aboriginal communities are a positive force for spiritual growth. In other communities, the elderly live in difficult circumstances. In some cases, their power appears to be spent.

> ► *"The elders have a great deal of knowledge about their language, culture and Mother Earth. They feel as one with the Earth and are now starting to pass on their wisdom to young people. They say we have to stand together to regain our respect for the land and future. If the young Native people can combine the White man's education degrees and the Native culture and heritage, they will be successful in life."*

> ► *"There is a shortage of true elders in many Indian communities."*

Urban Aboriginal people say that there is a very important role for elders in teaching the young. They say that this knowledge should be shared with children of all backgrounds.



> ► *"The elders would like to share their culture and traditions with all the urban people including the non-Native population. The elders need to be more active in schools and their knowledge passed on so that their culture and history is not lost to future generations. The Calgary Friendship Centre is in the midst of putting forward an elders' culture component, which may solve some of the problems faced by the Native population. Right now there are no positive role models for the youth to fall back on."*

Most Aboriginal elders have no source of income other than Old Age Security and the supplements. It is not enough to live on in rural or remote reserves where the cost of food, electricity, heat and other necessities is far higher than elsewhere in Alberta.

Without nursing homes and lodges in communities, most elders face the horrible prospect of being sent away from families, friends and spiritual homeland to die among strangers.

Many seniors have trouble coping with the difficulties of life in a remote place. The older they get, the more they need indoor plumbing, running water and electricity. Cutting wood and hauling water are too hard for older people.

Many seniors would be able to stay in their own homes longer if they could get help from a homemaker or personal support worker.

Many seniors, who are having a hard time, do not say anything because they are afraid of being sent away.

► *"We have quite a few senior citizens here, and there are no services provided to them except for what the families offer. There are some elders who are diabetics; some of our disabled are in need of constant medical attention. There is one nurse that visits the community once a month only to give immunization needles. Otherwise, the family members transport the elders into town to see doctors and for appointments at the hospital."*

► *"Native elders who are physically disabled or who are in specialized care feel they are being neglected or left out because they cannot communicate in English properly. When the elders are taken to the non-Native nursing homes and hospitals the lifestyle is different and they feel lost and lonely. But on the other hand, if they are at home or living with relatives, there is elder abuse. There have been some cases where the elders were actually beaten up for their pension cheques."*

► *"Some of the elders are being abused by their children when they receive their old age pension cheques. They are being neglected by family members. The nutrition and eating habits of the elders are deplorable."*

One First Nation has taken matters into their own hands and are providing services to their elderly.

► *"We believe that we (as a community) are responsible in caring for our elderly. We have a total of seven beds at the home, and we also have three other Native elders from different reserves. We provide the elders with familiar surroundings such as workers who can converse in the Cree language or Stoney, foods, and numerous outings to community functions. Our elders' needs vary from acute care to physiotherapy. There is a nurse who visits on a daily basis through Medical Services Branch. This nurse monitors the elders' prescription of drugs and so on. To help our elders regain their mobility, physio and occupational therapists visit the home at least twice a week. To help make the elders' diets more pleasing, fresh vegetables are grown by staff every spring. Meals are prepared for them according to what they are familiar with. We utilize the services of the regional nutritionist through Medical Services Branch."*

What affects health?

Socio-economic issues

Racism

Aboriginal people say they have experienced racism and systemic discrimination in the health system. Some have been called "just another drunken Indian" by health care workers, even if they have not been drinking. This kind of treatment makes Aboriginal people believe that they will not receive good care. It is hard to trust somebody with your life if you know that they hate you.

► *"In the paediatric ward our children are being treated unfairly by the nurses. They are telling our kids to shut up, while on the other hand they carry the Non-Native kids if they cry."*

► *"White people think we don't pay taxes and don't pay our way. Well, we do pay some taxes and the rest of Canada is living on our land. Canadians ought to be paying us taxes."*

► *"We must first change the attitude of White society and develop an attitude that will provide for equal health care for Indian people. The aim should be to help Indian communities to help themselves through the development of health prevention programs. Alberta health professionals need to change their attitudes. They care more about money than about people."*

► *"Often professionals do not want to thoroughly examine people who smell or who are dirty. Indian people often do not have adequate facilities such as indoor plumbing. Some are seen in the hospital after they have been drinking. They may not receive a thorough physical exam; instead they are given drugs and more drugs."*

Health problems that result from lifestyle choices such as alcohol and drug abuse are often seen by health providers as the fault of the patient. But that doesn't mean they shouldn't get good service and care.

► *"When we go there, they treat us like dogs."*

Aboriginal people understand the pain of racism, discrimination and stereotyping. They have said time and time again that they are willing to work with non-Aboriginal people to find a better way.

► *"There is a culture camp held every year, and this is open to non-Natives. They are taught how to play hand dice and handball, how to make bows and arrows, sling shots, and tepees. The community elders want to share this with the non-Natives, because the children in town still think we live in tepees. The non-Native children have never seen Indian dances or witnessed some of the Indian ceremonies before."*

► *"There is a need for this process to begin and we are willing and ready to teach health providers our plight for survival and Native culture. We know there is a lot of prejudice and stereotyping out there on both sides of the fence. Hopefully the Native Health Liaison Project can mend some of the wounds and create a better understanding of where Native people are coming from."*

Employment/income

Aboriginal people have fewer jobs and less money than other Albertans. Unemployment rates in some communities are over 90 per cent. The average income of an Aboriginal person is about half of that of other Albertans. Most Aboriginal people work in labour or in unskilled positions. Aboriginal people who live off-reserve are getting more managerial, technical and professional jobs as time goes on.

► *"There are a lot of jobs with the oil companies and pulp mills but Native people are not even considered. We see this as discrimination and feel hurt about being overlooked for employment. If you are employed you feel good about yourself and your family. When a person is not working it leads to low self-esteem, boredom and, in many instances, alcohol and drug abuse. The first people to be hurt are usually the loved ones, meaning your wife and kids."*

► *"95 per cent of the community is unemployed, and their only means of survival is social assistance and family allowance."*

Less than 25 per cent of Aboriginal women living on-reserve have jobs, compared to half of all Canadian women. Aboriginal women have one of the lowest average individual incomes in Canada.

Housing

Crowded and poor quality housing is a big issue on reserves and in communities. The vacancy rate is always near zero. Because of financial restraints, and because costs are far greater in remote areas, many communities cannot afford to build bigger homes or repair existing ones. So too many people are living in houses that are not properly built or maintained.

► *"People have to make due with the tar paper shacks which are not worth living in. Native kids are getting sick. In one three-bedroom house there are 10 or 12 people living there and many of them end up in hospitals more often than the average person."*

► *"You will find 2 to 17 people may live in one three-bedroom home. This we feel is a health hazard because the babies are developing (asthma), while on the other hand the elders are getting arthritis from the poorly constructed homes."*

► *"I witnessed the poor housing conditions, roads and mud. The majority of the homes I saw do not have running water or indoor washrooms, they are all wood and coal stoves."*

Housing is also an issue in the city. Because of unemployment and under-employment, many Aboriginal people have to live in very poor places. They are often charged too much rent by landlords. Sometimes the heat and electricity is turned off because they haven't paid their bills.

Isolation

Some communities do not get a lot of services because of isolation. To get to the city to see a baseball game can take the whole weekend.

> ▶ *"People see life in the city on television, with all the restaurants, movies and people. They look outside the window and all they see is snow and sky. So they move to the city. But they are lonely there and they can't afford restaurants and movies anyway. They are bored at home; they are lonely in the city."*

> ▶ *"Although there is a community drop-in centre, the elders feel that there are no planned activities, no communications and that even within the community the people do not know each other very well. Often, if there are activities planned for the drop-in centre, the elders say it is often in English and since many of them cannot read English, they do not always know what is happening."*

> ▶ *"The youth feel rejected and neglected by the community. They say not all of us are into sports; we need other recreation events such as swimming, travelling, archery, running, keep fit, horseback riding, being kids and having fun."*

Treaty Indians across Alberta get free transportation when they go to the doctor or dentist. Non-Treaty Indians and Metis, who live in similarly remote communities, get only emergency medical evacuation services. The Alberta Government does not pay for non-emergency trips to outside medical facilities.

> ▶ *"This a huge problem because the settlement is semi-isolated. A lot of the members have to travel to Edmonton and other health care facilities to seek medical attention. The Council has spent $200,000 in this area and would like the Province to do something about it. In many cases the membership have no monies to pay for these expenses.*

However, even for people who live on-reserve, transportation is often a major issue.

> ▶ *"There is no vehicle to transport people to the city. It is very difficult for persons with disabilities to get to appointments outside of the reserve. This may seriously restrict their access to therapy. Appropriate buses for the disabled have been made available on other reserves.*

► *"Elderly residents require transportation services in order to do their grocery shopping and to help with their other daily activities."*

Premiums and other health care costs

Non-Treaty Indians and Metis people say that the subsidy for the Alberta Health Care Insurance premiums is not enough and that many people cannot make their payments. They point out that Treaty Indians do not have to pay these premiums because they are covered by the federal government's non-insured health benefits program.

► *"The subsidy for Alberta Health Care is too high for our community. We can not afford to pay because of 90 per cent unemployment in this community."*

► *"Why can't we get 100 per cent medical coverage like the Indian Reserves get? Some people get quite sick before they go for medical help, then this becomes a serious medical problem. We have people here who get prescriptions from the doctors and cannot afford to pay for them. The majority of the people here owe the Alberta Health Care anywhere from $700 - $1200."*

Environmental issues

Pollution

Pollution and destruction of the natural environment have had a very bad effect on the health of Aboriginal people. Air, water and soil pollution have hurt the plants and animals that Aboriginal people depend on for their traditional food and medicines. It has also made it hard to make a living from fishing and hunting. In some places, it is not safe to drink the water.

► *"We have complained many times to the governments, both federal and provincial, about the loss of our livelihood which is hunting, fishing, gathering of medicines. The only people the governments listen to are oil companies and lumber companies. Because of the loss of livelihood, Native people are forced to buy store-bought food which causes illness. Most of the common sicknesses are as a result of the pollution to the environment."*

► *"Because of the destruction of the land, air and water the Native people cannot trap and eat wild meat any more. Many times you see fish floating down rivers. The Native people see nature out of balance."*

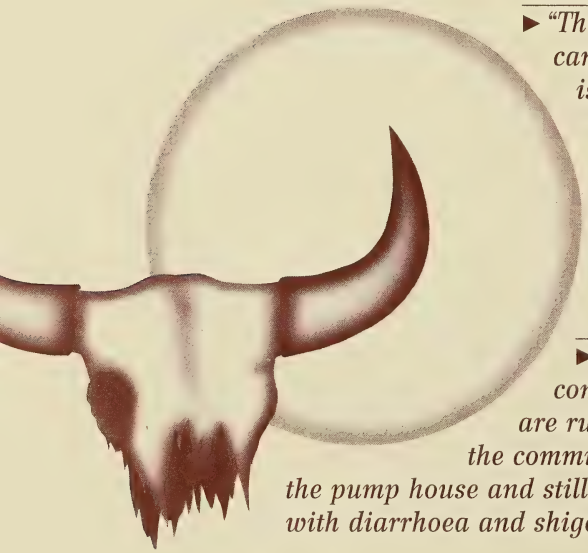
► *"There was no pollution when the elders were young, but the damage is done now."*

► *"We don't want another health study. We want an environmental cleanup."*

Water

Two things have ruined some fresh water supplies: industrial development and bad sewage in communities. Many communities do not have running water. People haul water in buckets from a community tap, or straight from lakes and rivers. Sometimes this water is dirty and unhealthy.

► *"There is too much chlorine in the drinking water. We do not like the taste. The people do not want to drink these chemicals and since we have been stuck here, we do not have a choice since the local water is dirty."*



► *"The water situation is terrible here. We cannot drink the water from the taps as it is contaminated. Our children, who make up the major part of the population, are in and out of the hospital constantly. There is no proper infrastructure; however, there is a pump house where people can go and collect drinking water."*

► *"The water condition for the community is no good because the pipes are rusty at the pump house which supplies the community's needs. Tests have been run at the pump house and still some of our people are getting sick with diarrhoea and shigella from the water."*

Wildlife

Industrial development — pulp mills, oil and gas development, mining, forestry — has caused big changes in wildlife populations. Since Aboriginal people depend on wildlife for their food and livelihood, even the slightest change in wildlife is felt deeply.

Aboriginal communities want a say in the management of wildlife that they depend on. Their health depends upon it.

> ► *"Since 1964, we have noticed that animals are leaving the area and that much of the game left can not be used because the meat tastes and smells tainted. The migratory patterns have also changed, because the animals don't like noise, pollution and people everywhere."*

> ► *"Big game hunting, particularly from the United States, has increased dramatically. We do not like it."*

Bad roads

Very few communities have paved roads. Dust is a big health problem in summer. Other times of year, weather can make roads impassable, which is dangerous in an emergency.

Diet/nutrition

Aboriginal people used to hunt and gather a balanced diet from the bush. Now it is very hard to get a balanced diet in remote communities. The selection of fruit and vegetables is extremely limited and, by the time they arrive, the fresh food is not so fresh.

Children and teenagers eat a lot of junk food. They don't know how to prepare healthy food, and junk food is cheaper. Information about good nutrition would help.

Fresh food is extremely expensive in remote areas. Some families have a hard time affording a healthy diet.

Community garden and kitchen programs help communities to grow and prepare healthy food.

► *"The single mothers have a hard time making ends meet each month. As a result, the children have poor nutrition. Children go to school without lunch and they develop health problems. No one ever checks into the way Native people are treated."*

► *"Many Native families (in the city) are forced to go without proper diet because they cannot make financial ends meet.*

► *"70 per cent of the Native people living in Lethbridge use the soup kitchen as another means of survival."*

Specific health challenges

Alcohol and drug abuse

There is a lot of alcohol and drug abuse in communities and in the city. Some say it is the number one killer.

Families have a hard time when family members have a drug or alcohol problem. A lot of money goes to pay for alcohol or drugs. It is hard on the whole community.

Children do not feel good when drinking and drugs are around. They feel afraid that they can't depend on anybody, afraid that they will not be taken care of, and they are afraid that they will grow up to do the same thing. Some children turn to drugs and alcohol, and their parents are very worried because they do not know how to stop them. Many children can get drugs easily, like marijuana, cocaine, acid, hash and LSD.

When people are taking alcohol and drugs, they get into fights. That's how a lot of people get beaten up or killed.

Some communities have tried to deal with the problem by making drinking illegal. But there are often bootleggers who sell alcohol at a very high price, which is even harder on families. And there are many ways for people to get other drugs as well.

Some people think you can't make people stop drinking and taking drugs, and that the only solution is to go back to old customs and beliefs. That will instill a sense of identity and increase self-esteem.

Other people think that the physical and mental health needs of the people have to be served before drug and alcohol abuse will stop. The community should be treated as a whole.

Some people think that alcohol and drug abuse has a lot to do with poverty.

Treatment counsellors do a lot of work in communities. They refer clients to treatment centres, provide individual counselling, organize Alcoholics Anonymous meetings, attend training, conduct surveys, attend weekly case conferences, run programs for children, and report to other agencies. They also do home visits, organize support groups and transport clients to treatment and court. Some addictions counsellors are involved in the criminal justice system.

Alcohol and drugs are not the only addictions. Some people say their communities suffer from "bingo-mania", which is almost as hard on families.

> ► *"We have to respect our mind, body and spirit and have empathy for our fellow man, we cannot pass judgement on other people. We have to respect our body, we cannot poison it with alcohol and drug abuse. Today our people are suffering because of the mental stress they face as a result of the poison they put in their bodies."*

Prescription drug abuse

Aboriginal people say that many doctors do not examine Aboriginal patients carefully and are far too free with prescription drugs. Some say that doctors and pharmacists are "pushing" drugs. Some people go to more than one doctor to feed their addictions. Some get prescriptions drugs from doctors to sell to others. This is one way addictions spread in communities.

> ► *"This is a problem for us at the Indian Health Centre because we have no way of controlling prescription drugs. The abuse of prescription drugs is running rampant here. The doctors call us on regular basis but we cannot do anything with prescription drugs because everything is done legally.*

> ► *"Doctors prescribe Tylenol 3's to 12-year-old children. This is a scary situation."*

► *"In order for there to be effective action to control substance abuse within the community, the Chief and Council must have widespread support and be willing to take a leadership role."*

► *"There was this 13-year-old who had a sprained leg in school and was prescribed 30 Adisols painkillers without the parents' consent. This we feel is a legitimate concern and that kind of practice should be stopped immediately. It is a scary situation when kids start receiving prescription drugs."*

► *"I was addicted to drugs real bad. I took Tylenol and everything in between right up to Librium. I tried to commit suicide, I couldn't take what was happening to my body. I would ask my doctor if I was addicted to drugs and he would say no. So he kept on prescribing drugs to me. It got so bad, a day before I would run out, I would panic and wonder how I was going to get to town to get more drugs. There were two doctors that I had seen. When one of them wasn't available I would run to the other. I didn't take drugs just to get high. I took them because I thought I would die without them. The doctors never tried to help me. I asked them to send me to a psychiatrist or to somebody that could assess me or else wean me off of these drugs. They kept telling me that you're not addicted. Finally, I admitted myself to the hospital and I told my family I was going to get off these drugs and that it was going to be hard on me. My family supported me throughout the ordeal. I tell you it was hard on me and harder on my family because I would cry a lot. I have been off drugs for three years now."*

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome and Fetal Alcohol Effect are both serious problems. They are what sometimes happens to a baby when the mother drinks when she is pregnant.

Sometimes women do not know they are pregnant, and so do not quit drinking.

People who have Fetal Alcohol Syndrome or Fetal Alcohol Effect have a lot of problems. Sometimes their faces are shaped in a particular way, their nervous system might not work properly, and they do not grow the way they should. Fetal Alcohol Syndrome causes very serious problems for people their whole lives,

including: not being able to sit still, not being able to pay attention, trouble learning things and trouble making friends.

There is no way to cure Fetal Alcohol Syndrome and Fetal Alcohol Effect. But these people need counselling in order to live day to day. And the communities need counselling on what these people need.

People say there are not enough support groups or counselling to meet the needs and demands of this problem. Because of the alcohol and drug abuse, many of the children are caught up in this cycle and cannot escape without proper guidance and therapy.

Injury and violence

Injuries are the number one cause of premature death among Aboriginal Albertans, far more than for other Albertans. Small children, young people and seniors are hurt most often.

Car accidents, drowning and fires are the most common causes of accidental death. Alcohol often plays a part in all these causes.

The incidence of injuries due to deliberate violence is considered to be higher than for injuries due to accidents. There is child, elder, wife and other interpersonal abuse. The communities are very close knit and often do not want to discuss or pursue these issues, especially with outsiders.

Violence against women is a big problem all across Canada. All women, not just Aboriginal women, are at risk. It is difficult to find out exactly how much violence happens against Aboriginal women because, like many other women, they are often too scared to report the crime to the police. Women living in remote communities often have a worse time because there are fewer telephones, and there is more pressure from the community to forgive the person who hurt them.

► *"The silent suffering of girls and women who have been subjected to rape and beating demands immediate attention. Silence must end. Support systems must be created. They need counselling and therapists who are skilled in dealing with post-traumatic stress syndrome."*

Women are beginning to take back their traditional honour, equality and respect. Some women are involved in local politics, some are healers, some preserve their culture by passing traditional ways on to the children.

► *"When I was 17 I went to work in a lumber camp. I learned to work with White people. I was called many names — squaw. I would not show that this hurt. I had to learn to use my power to stand on my own feet."*

Sexual health

Pregnancy

Aboriginal women, as a group, are younger than other Canadian women as a group. Over half of Aboriginal mothers are under 25. Aboriginal women tend to have more children than other Canadian women. Some smoke or take alcohol or drugs during pregnancy, which causes health problems for both mothers and babies.

Teen pregnancy

Aboriginal teenagers tend to view pregnancy as a natural event and, as a result, pregnant girls are not motivated to attend prenatal classes or seek medical care.

Adolescent pregnancy involves serious risks to the young mother and her baby. In general, teenage mothers have more premature babies than mothers who are over 20. Premature births and low birth weight are important causes of infant death.

Pregnant teens are more prone to complications in pregnancy such as water retention, high blood pressure, low blood pressure, caesarean delivery and sexually transmitted diseases.

Only a small percentage of mothers who become pregnant before the age of 16 go on to finish high school.

Many of the young people who are becoming parents in their teens lose their chances of a better education and good paying jobs.

► *"As teenagers you do have choices and it's okay to say no."*

► *"The increasing prevalence of teen pregnancies is becoming a significant problem. Young women find it very difficult to discuss sex and intimate matters with health professionals. This is because the churches and residential schools taught that it was shameful to discuss sex..."*

► *"Young women often do not present themselves to the doctor until they are nearly ready to give birth. It is expected that in some cultures that a woman should give birth to children as soon as possible. Large families are a cultural norm. It would be acceptable for a man to leave a relationship if a woman were unable to have children..."*

► *"Young people will resist birth control pills as artificial. It is not a part of the culture. Giving birth is a natural and beautiful experience. The young often do not assume their parenting duties. It often becomes the role of the grandparents, who may be only in their 30s and 40s, to raise the offspring of their teenage children. Although this is regretted, there appears to be no apparent answer to this problem."*

AIDS

AIDS is a growing problem in Alberta. Many people do not believe it is a problem, and others do not like to talk about AIDS because they are uncomfortable talking about sex. There have been some very good programs in some communities, especially when people who have the HIV virus come forward to talk about it themselves.

Some people do not know enough about AIDS. They think that getting the disease is the person's own fault, and sometimes they think it can be cured. But research shows that AIDS is spreading in communities. The problem is getting people to talk about it, and to take action to make sure it doesn't spread.

Some people think that AIDS prevention should be handled the same way as alcohol and drug abuse prevention. Others think it should be talked about in schools.

Confidentiality is a big problem. People who have AIDS do not want others to know about it because they don't want to be rejected by their communities. But other people think that information ought to be made known so that people in the community will know to protect themselves, and so that the community begins to see AIDS as a problem.

► *"I say that the solutions to these issues (AIDS and family violence) must come from following the Indian way and not the White man's way. There is a need for Indian ceremonies and feasts and other events. We must come together as a people or community to help ourselves."*

► *"The most gratifying thing I realized at this point of my life is the help and comfort the elders have given us through the Indian culture. The Indian way of life, the ceremonies, feasts, fasting and belonging to the Great Spirit - all these things have helped us cope with the realities of life day to day. We know we don't have long to live, but while we are alive we will dedicate our lives to help save others from the AIDS epidemic."*

Ernie Lennie, Provincial Coordinator for the Feather of Hope said,

► *"We have listed 12 things that elders and professionals have helped us to identify. They are not the only things, but they are a starting point. Use them to do a reality test on AIDS programs that are already running, or to design new projects".*

1) Denial:

- *Denying the scale of reality of the problem, or that a problem even exists, is probably the best friend that AIDS has right now;*
- *Denial that you personally face any risk. Remember that nobody with AIDS thought that it was going to happen to them;*
- *Denial that high-risk behaviours are happening in our communities; they are.*

2) Judgmental Attitudes:

- *Thinking that people get AIDS because they are being punished for their behaviour is not only inaccurate, it spreads false beliefs about the nature of the disease. Anyone can get it.*

3) Irresponsible Behaviour:

- *Lots of men are carrying the attitude that to be a "real man" they not only have to have sex with many women, but they also have to get them pregnant to prove their virility. This attitude is dangerous to the people. But just telling someone*

to use a condom isn't as powerful as their friends telling them to be a "man".

4) Fear:

- *Many people fear to get tested. They are afraid of finding out that they have AIDS, and not only because it's deadly, but also because they fear the reaction of others. And that fear means that they can put others at risk.*
- *Fear of offending your partner; if you are afraid of your partner, then it's hard to tell them to use a condom. Fear is deadly.*

5) One-Dimensional View:

- *If AIDS is not tackled holistically then it will continue to spread. It has to be connected to the other health issues that we face, such as economic development, drug and alcohol addiction, youth development, education and spiritualization. AIDS prevention has to be built into the program and agencies that already exist.*
- *The tunnel vision causes AIDS to be seen as the issue of the moment, to be forgotten about when something new comes along; and it means that the root causes of the disease get ignored.*

6) Drug and Alcohol Abuse:

- *Substance abuse helps the spread of AIDS in many ways; directly by sharing needles for intravenous drugs; heavy drug users often turn to prostitution to finance their habit; people make dumb decisions when they are abusing substances.*

- *Drug and alcohol workers need to be in the front line of the fight against AIDS.*

7) Ignorance:

- *Surveys show that many people hold untrue beliefs about AIDS; on one Indian Reserve, 40 per cent of women identified as being high risk believed that you could get a shot to cure AIDS. These kinds of beliefs are deadly.*

8) Silence:

- *By not talking about sexuality, and sexually transmitted diseases, rumours and ignorance are spread.*

9) No Healthy Vision:

- *Being able to envision yourself as healthy is essential — if you can't imagine what healthy sexuality or a drug free lifestyle is like, then you can't move towards that state.*

10) Poverty:

- *Disease and poverty have always gone hand in hand. Poverty erodes self-esteem, and makes it almost impossible to build healthy communities. AIDS and poverty go together.*

11) Lack of Respect:

- *To be respectful has always been one of the most sacred teachings of the elders. Lack of respect for other beings makes it easy to act in an abusive and harmful way towards them.*
- *Lack of respect for themselves prevents people from making healthy choices, or even feeling that they deserve to be free from ill-health and abuse. Low self-esteem helps AIDS to spread.*
- *Lack of respect for the sexual act itself causes dangerous imbalances in the lives of many.*

12) Loss of Spiritual Values:

- *Spiritual values and ethics give shape to our lives and help us to walk with harmony and safety towards our true potential. This does not mean that being "more spiritual" makes one person more immune from AIDS than another. It doesn't. But while AIDS is a set of deadly physical symptoms, it is helped to spread by the spiritual emptiness that so many people feel. To beat AIDS, we have to also address the spiritual roots of the disease."*

Tuberculosis

Although tuberculosis is 98 per cent curable, it is on the rise in both mainstream Canadian society and Aboriginal communities. There have been outbreaks of TB in a growing number of communities in Alberta, not all of them Aboriginal communities.

Tuberculosis is an infectious disease caused by being near a person with the disease who coughs or sneezes TB germs. If a person who breaths in the TB germ is healthy and their body's defenses are strong, the lungs will wall off the germs into tiny hard capsules and the person will not get the disease. When the person becomes run down or sick, the germs can break out of the capsule and start to do damage to the lungs and other organs of the body.

Many people have been exposed to TB and carry the TB germ in their bodies. The germs are easily spread among people living in crowded and poorly ventilated housing.

Tuberculosis can be cured by taking drugs. These drugs must be taken regularly over a period of one year or more, even after the symptoms have disappeared. Tuberculosis patients must work closely with community health workers to control and defeat the disease.

Diabetes

Diabetes is also becoming more of a problem for Aboriginal people. There is general agreement among health specialists that the most significant reason for diabetes in Aboriginal communities is the rapid change in diet. With the destruction of the hunting and fishing economy, Aboriginal diets were changed from fresh food and wild game to processed foods and domestic meat, often high in simple carbohydrates and fats.

It is especially hard for Aboriginal people in outlying areas to cope with the disease because of difficulty and expense in obtaining the right kind of food. Also, with the change away from the traditional way of life, many Aboriginal people are less active. This leads to obesity which is another factor in diabetes. Diabetes is also related to stress. The poverty, cultural isolation and social turmoil in many communities certainly leads to increased levels of stress.

Diabetes may be improved through lifestyle changes. To effect these changes requires innovative health promotion programs. One innovative program in Alberta involves cooperation among the Peace River Health Unit, the High Prairie Hospital, Medical Services Branch and a number of First Nation and Metis communities.

Aboriginal communities have identified diabetes as an increasing area of concern.

Persons with disabilities

Aboriginal people with disabilities have all the problems that other Aboriginal people have, as well as the disability. There are few services for disabled people on reserves or in remote communities.

It is very hard to get anywhere. Communities are small and can't afford buses, so people have to depend on others to get rides to go anywhere. It is very hard to walk outside, especially in the winter.

Some people do not know about the services they can get because they do not get good information.

Children with disabilities may not get the services they are entitled to, mostly because their parents do not know about those services, or they cannot get transportation to the service.

People trying to get a better education are frustrated by "red tape." Most believe they are not getting the education and training they need.

There are few places that people with disabilities can go for recreation. Many recreational centres and Friendship centres are not accessible to people who can't climb stairs.

Many homes on reserves and in communities are not set up for wheelchairs.

> ► *"There are no professional services available for the disabled on my reserve. We need services both on and off reserve: physical fitness and therapy, initial client support programs, family counselling, basic family skills, program information, support workers, news letters and community support groups.*

Alberta health facilities and services

► *"There is a lack of knowledge about services provided by the hospital, public health, ambulance services and Alberta Health. The Native people know very little about these services or what they were intended to do for Native people."*

Language and misunderstanding

Aboriginal people say that most "cultural sensitivity" projects have Aboriginal people explain their culture to non-Aboriginals. They think it should be a two-way street. Hospital and health unit workers should explain their ways to Aboriginals. That way, Aboriginal people will have a better idea of what to expect when they go for health care.

Aboriginal people say that language is often a barrier to receiving good health services.

► *"I think one of the other underlying problems is with the lack of understanding and the language barrier. We need Native interpreters in the justice system, hospitals, schools, as well as in the health field and other agencies. This is one of the major stumbling blocks for Native people living in urban centres."*

► *"The elders feel intimidated when they go to the hospital. Our elders need interpreters or translators especially when they go for surgical operations. They need to understand the procedures, why, for example, are they not allowed to have a drink of water?"*

► *"The Cree interpreter at the High Prairie hospital provides a very useful service."*

► *"The hospital is having a problem right now with the elderly Native patients. If they cannot understand English it is hard to communicate with them. We have patients of all nationalities here and it is really difficult to find interpreters, especially for the Inuit. There should be some Native resources in the urban centres where we can call for help."*

► *"There are thousands of Native people living in Edmonton who do not speak English as their first language. We need Native interpreters at all health facilities and other agencies that serve Native people. We need visible people in the hospitals to interpret for Indian people. Many do not understand the need for surgery, or what to expect. Hospitals and other institutions need to identify Aboriginal elders who can help with language and cultural interpretation. There is a need for Native workers in the hospitals to reduce the anger and frustration of many Native people. White professional people often talk down to Aboriginal people. Immigrants often get better treatment than Aboriginal people."*

► *"I can express my thoughts differently when I use my Native language. When I translate my thoughts into English, I lose some of the meaning of my thoughts. I am most comfortable in my own language. Why should it be changed?"*

Even if they do understand the language, some Aboriginal people are unfamiliar with hospital and medical practices. They need nurses and doctors to take time to carefully explain what is being done, and why.

► *"The patient is only given one way at the hospital; it's the doctor's way or go elsewhere for service."*

► *"Native people are often fearful of doctors and other White people in authority. They often will not speak up and assert themselves. They often will not complain. However, they may also not comply with directions which they do not understand or with which they do not agree."*

Many Aboriginal people complain that they are not treated with care and sympathy at their local hospital. They often assume that ill treatment is given to them because of their race.

► *"The nurses and staff have a poor attitude towards the children and parents at that hospital. There were a few cases where the mother would be breast feeding her child and would have to go downtown for a meal. This we feel is not right, the mother should be fed at the hospital with her infant child.*

► *"The staff at the hospital are not sensitive towards Native people. The doctors at the hospital are coming and going and they don't know the people, so they pick up the staff's attitudes. Most of the doctors come from South Africa on a two-year work permit so they do not have time to learn about Native people and their culture."*

► *"The eagle feather is a very high honour that is bestowed on some people. If an elder possesses such a totem he or she might prefer to have it by their bedside. The feather is usually not handled by anyone other than the recipient."*

► *"Some pictures in hospitals might not be appropriate. For some an owl is a messenger of misfortune; for others it represents death."*

Cultural sensitivity

Aboriginal culture is very different from mainstream Canadian culture. Some things that most Canadians do not even think about are extremely upsetting or confusing to some Aboriginal people. Becoming acquainted with Aboriginal values and views is a major advantage in providing good quality service to Aboriginal people.

Health providers often do not understand the traditional ways. Therefore they may appear to be unsympathetic or uncaring. They often expect Aboriginal people to act like White people: to always be on time, to look people in the eye, to talk a lot. But that is not the way many Aboriginal people are, and they should not have to change in order to get good health care.

Sometimes Aboriginal people do not come to appointments. That might be because they saw somebody and wanted to talk to them. Many Aboriginal people are not ruled by the clock the way other Canadians are. They will not be rude to a friend because

the clock tells them to. Also, they might be late because they could not get a ride, or because they felt a little better and did not want to bother anyone.

► *"In mainstream society time determines process. You start a meeting at a particular time. You give everyone 15 minutes to speak then it is over. In Indian society process determines time. Our meetings are open; you must be prepared to stay there until everyone has had their say. If elders have been invited, you should be prepared to stay until midnight."*

Some Aboriginal people have difficulty talking openly about sex and personal things.

► *"A Stoney woman by herself will speak in English and will give information rather freely. However, if the woman is accompanied by her husband she will speak only to her husband and then only in Stoney. She will not tell embarrassing information to her husband, so her husband would provide his own version of the information to the doctor. This situation is an example of traditional Stoney cultural values, and doctors need to be aware of it."*

It is rude to look at people directly in the eye, especially an elder. It is a sign of respect to look at the person's brain or heart. Show respect for elders, give tobacco. That is the right way when you approach them.

► *"When there is a need for help, I volunteer to do it. I have washed up old people when they have passed away. I have changed their clothes. I have told my grandchildren, if you do good deeds, your earn your credit. Make tea for an elder, you earn a credit from the Creator."*

Some Aboriginal people do not like to talk a lot. They don't like to talk about personal things, and do not like to complain.

► *"For many Native people, death is a time of transition. For many there is a belief in an after-life. Some cultures believe in reincarnation. The Native patient often prefers to have his or her extended family present. Sweetgrass may be burned and prayers offered. There is no crying, because that might make the person want to stay when it is time to go."*

Traditionally, Aboriginal people don't interfere with people by giving advice. One of the things they do is to stop negative

feelings or thoughts. There is a very high value on spiritual renewal and indirect messages through stories. So when a non-Aboriginal asks a question, the answer may come in the form of a story.

Many Aboriginal people take a long time to answer questions. Sometimes non-Aboriginal people get impatient waiting for answers, or take offence because they think their question is being ignored. This is not the case: Aboriginal people often like to think quite a long time before they speak.

Aboriginal people often have trouble asking for help because of shyness or distrust of authority. It is traditional that patients are often accompanied by several family members for support.

► *"When entering a hospital room with a younger and older patient, it is polite to give some consideration to the older patient first..."*

► *"When our elders go to the hospital, if they cannot speak English they are shoved around. They are given more pills by the doctors without a thorough examination. The doctors are not sensitive to them at all. We need a Cree interpreter at that hospital..."*

► *"One of our elders was in their care and he wanted to burn some sweetgrass and they would not let him. Basically, the nurses were culturally insensitive to think he was performing some form of black magic. Our elders have been using sweetgrass all their lives, it gives them confidence and it helps them out physically, emotionally and spiritually. Sweetgrass gives our elders strength."*

► *"Surgery is a last resort. It produces a great fear in many Native people. There is an emphasis in Native culture about keeping the body whole. Some traditional Native people prefer to be given the organs that have been surgically removed so that they can bury the organs in a ritual ceremony. The umbilical cord from a newborn is often taken into the bush to be offered to the Creator and to seek guidance for the child."*

► *"I do not like seeing a picture of a naked male hanging in a public place in our reserve health centre. It makes me feel uneasy. It is not my place to tell the people at the centre, but this does not belong there; it does not respect the sensitivity of elders. I do not like to see a man with his things hanging out in this way."*

► *"There was an elder from our community who was told to shut off her sweetgrass in her room. There was no explanation given and the elder was quite hurt by the actions taken by the staff of that hospital. Another incident deals with an elder on her death bed. There was no respect given to the family. The hospital was going by their 8 p.m. visiting rules and ushered all the family out of the room. The elders in the Indian culture and traditions are highly respected and when this incident happened the relatives got really upset. The hospital staff need to be more sensitive to the Native culture and should attend cross-cultural workshops if they want to serve the people."*

Aboriginal health liaison workers

An Aboriginal health liaison worker does two things: helps Aboriginal people understand the health care system better and, second, helps non-Aboriginal health care workers understand Aboriginal patients. The worker might explain where to go and who to see for a particular problem, and explain how to get the right service. The worker might also help the person find other services, like self-help groups, cultural and community associations, and traditional healing. Aboriginal health liaison workers know about all the services that are available to people, in the health care system and in the community.

The Community Health Representative Program at Alberta Vocational College, Lac La Biche, trains Aboriginal health liaison workers.

There are hospital-based liaison workers in Fort McMurray, High Level, McLennan and High Prairie. There is a very good example in Regina, Saskatchewan: the Native Counselling Service employs liaison workers in all acute care facilities in the city.

Community health representatives are trained on-the-job with the Edmonton Board of Health and the Lethbridge Board of Health. Both clinics say they found CHRs to be very helpful in working with Aboriginal clients, and help non-Aboriginal workers become more sensitive to the needs of their Aboriginal clients.

► *"The Health Units should also have Native staff because they can communicate better and empathize with the grassroots people at their level. I realize the standards to work for the Health Units and Hospitals are set high but they should make room for someone, such as a Community Health Representative, or a Native community member at large, who is quite knowledgeable with the language and traditional customs of the Native people."*

► *"The relationship between the Native people and the hospitals are at a crossroads here in Calgary. We know there are some problems with stereotyping and racism amongst some staff members towards Native people. We know there is a gap between the health providers and the Native people here in Calgary. There is the cultural difference between Native and non-Native which this committee is trying to iron out and touch base with. Some of the tasks at hand are setting up cross cultural workshops for the health providers at the hospitals and working towards a brighter relationship with the Native patients that use our hospitals. We are trying to incorporate a Native Liaison worker at the three hospitals, Colonel Belcher, Holy Cross and Rockyview hospitals. The reason behind the Native Liaison workers is that we feel Native people will be more comfortable talking to someone who is Native."*

► *"We need a training centre for non-Natives to learn about Aboriginal culture. However, non-Native people shouldn't teach Native culture."*

► *"There is a need to hire more Native people to work in health facilities, in all capacities. It is also important to find ways to encourage Native people to stay in the system as there is often a great deal of turnover among Native staff."*

Aboriginal health careers

First Nations people who live on-reserve usually see an Aboriginal Community Health Representative when they first need health care. But most doctors, nurses, and other health care workers are not Aboriginal. In fact, in some communities, it is very hard to find an Aboriginal person doing any of those jobs.

Indian and Northern Affairs Canada and Canada Manpower support a variety of education programs for Treaty Indians. Medical Services Branch provides start-up funding to help schools develop programs for Aboriginal people to get training for these jobs. One of those is the Health Administration program offered by Athabasca University through the Yellowhead Tribal Council.

The University of Alberta has set aside a number of places for Aboriginal people to train for jobs as nurses, physicians, physiotherapists, dentists and medical rehabilitation.

Aboriginal people have asked governments to fund Aboriginal education programs, such as those available at the University of Alberta, so that more Aboriginal people may be trained in health careers. Particularly, they want to see more Aboriginal community health representatives, more Aboriginal hospital staff and more Aboriginal mental health counsellors. People feel much more comfortable discussing their personal health problems with other Aboriginal people.

► *"There is a need for more Native professional health care workers at the hospital. The elders who use the facility are fluent in Cree and cannot communicate with staff. The hospital staff stereotypes Native people. There are many misconceptions about Native people. We feel that the only way we can help out this situation is if we are allowed to work in those health care facilities that serve our Native people."*

► *"We need more education programs and Native interpreters because of the different languages in our area. Many of the Native tongues are Slavey, Dene Tha, Dog Rib and Cree. We see a need for more Native health professionals, mainly because of the language barriers and communications."*

► *"We employ five staff members who serve 30 elders and some of them are disabled. All of the employees are from the Band and they know what the problems are. They can communicate in the Native language and are respectful towards the elders and culture."*

There have been complaints from some people that during this time of government downsizing, trained Aboriginal people may not be employed in their chosen service profession.

► *"I know of 16 Aboriginal people in this city who have social work degrees who should be working in the health profession."*

Representation on health authorities

First Nations and Metis people from reserves, settlements and in urban areas have said that they want to sit on hospital and health unit boards that serve their people. These boards are now combined into new Regional Health Authorities. Some Aboriginal people have sat on provincial hospital and health unit boards. Some have said that it is hard to get other board members to pay attention to Aboriginal issues.

Aboriginal people want to be part of the decision-making process in order to make sure that their communities get what they need and want. Some First Nations representatives are concerned that seeking representation on the new Regional Health Authorities would weaken their treaty rights. However, they still want to find a way to have their concerns heard and acted upon.

Other First Nations have nominated members to sit on the new Regional Health Authorities. First Nations and Metis people now hold seats on several of the Regional Health Authorities.

► *"We want to become full voting members on these boards because as it stands now they are not addressing our concerns and issues of Treaty people. We hope as voting board members we can help alleviate some of the stereotyping and lack of sensitivity towards our culture and our people. Some hospitals have refused to have Native people on their boards. I can't see where there is a problem with having Native input at this level especially when some of these hospitals are using Native people to get funding for their buildings."*

Hospitals

Some Aboriginal people think they receive very good treatment from hospitals. Others are not satisfied. They feel that they are looked down upon and are not respected by hospital staff. There are too many questions and red tape. They have to wait too long in emergency rooms. Doctors and nurses are too busy, and don't take enough time with them.

► *"All people should be treated by hospital staff with respect and to the best of their individual abilities and responsibilities..."*

► *"My friend had gone to the hospital with a sore ankle. She was examined but turned away without treatment. The ankle had suffered damaged tendons which were not properly diagnosed until later at the health centre. What could ordinary people do about this kind of treatment?*

Even people who are satisfied with hospitals say improvements can be made in many areas.

Traditional foods

It is terrible to be sick and to have to eat strange food. Many Aboriginal people like a lot of meat and fish, boiled or stewed. They like bannock and pemmican. They do not like fried food. They also like to eat wild game. Hospitals can serve only food that is inspected, so they can't serve wild game, but other food could be prepared the way people like it.

Traditional people prefer tea to coffee.

Lack of colour and warmth

► *"It would be much nicer to have printed pillowcases. Flannelette sheets are warmer and more comfortable than starched cotton. Elders would like to have their own blankets for warmth, colour and comfort. Comfortable bed clothes would also be good."*

Crying children

Many Aboriginal people are concerned if children are left to cry in the night. It is common for Aboriginal parents to bring their small children into bed with them if they are fearful or ill. Hospitals should allow someone, even if it can't be the parents, to stay with a child overnight.

Evening

Some Stoney elders do not want to look out of the window after it is dark. There is a belief about evil spirits and some elderly patients will be comfortable only if their blinds are drawn as night falls.

Pain Tolerances

An Aboriginal health care worker said that Aboriginal people tend to respond differently to pain than do White people. Aboriginal people don't like to show pain on their faces. They are less likely to ask for pain relief than some other patients. Some people will walk to relieve pain. Some men believe pain is a way of proving themselves. Sometimes nurses will ask, "How are you feeling?" instead of "Are you in pain?" "Where is your pain?" or "Do you want medicine for your pain?" It is best to ask specific questions for specific answers.

Going home

Health care workers on First Nation reserves said that hospitals and doctors often do not provide the First Nation health center with the information necessary to assist patients when they return to the community. That information should include diagnosis, medication, and whether the patient has received information and training about illnesses like diabetes.

Hospital information is private, but it should be easy to ask the patient for permission to give appropriate information to the First Nation health centre in their community. The process would be even easier if common forms are used by the different health facilities.

> ► *"We have written numerous letters...about the problems we are having with prescription drugs. We would like the doctors to notify the health center on a regular basis if they have patients in this community who are on constant medication. We would make certain and keep a close watch on the patient and see that their needs are being met."*

First Nations people are very concerned that they will be sent home from the hospital before they are ready. This is especially

true for children and elderly people. There is a lack of home care on reserves and in many remote communities. Aboriginal people want the hospitals to be aware of the conditions in the home before their patients are sent back.

> ► *"Hospitals might send people home too soon. The patient might not be able to get enough help at home."*

Privacy

While some necessary information is apparently not being forwarded to the communities, some people are concerned about their privacy.

> ► *"There is no confidentiality at the hospital because when you walk out on the street everyone knows what you were at the hospital for."*

Public health

Some isolated Aboriginal hamlets and Metis settlements have very few services and little in the way of health facilities to meet the needs of the residents.

> ► *"We do not have any facility that meets the needs of the elderly, disabled and the young mothers. We do have one room at the church but that is too small to serve our needs.*

> ► *"Over the past few years the medical and social services in our community have remained the same or declined whilst the population has increased to over 800 people. A larger part of these are young families and children, many of whom experience difficulty in travelling."*

> ► *"We need a health clinic for our community because we are not getting the proper services that are required here. We need alcohol and drug abuse counsellors and mental health programs. We have disabled people here and our elderly who need constant medical attention. We need registered nurses here who can help do proper referrals to the doctor."*

People at the community meetings complained of the high turnover of the health unit staff who did come to their communities.

► *"Nurses and people delivering services in the community change too often. They never really get a chance to know and trust the person they are talking to. That person also does not get to know them as individuals — to know who the complainers are, who has the real problems, and what the real issues or problems are. Most city people always go to the same doctor, dentist, etc. because they have built up a mutual trust and respect. In the community, there often is no chance or choice to do that. One has to take whoever comes or do without the help or services."*

Aboriginal people have also asked that the Health Units employ Aboriginal people so that their needs will be better understood.

► *"The health units would benefit from using Aboriginal staff. Several years ago I was hired...to work with urban Natives. I spent much of my time working with people from immigrant communities. I was frustrated and eventually quit."*

Mental health

Mental health problems are often caused by the problems that most Aboriginal people face, like crowded housing, unemployment, poverty, boredom and anger. Mental health services, although important, are simply a small part of the larger solution.

► *"We definitely need mental health services here because of all the poor living and traumatic experiences our members go through with grieving, deaths and so on. Mental Health should change their name because the community members do not want to be associated with people who are considered mentally ill. Mental Health should train more Native people to work in this field. The present situation as far as this community is concerned is that mental health service is inaccessible and that should not be. We have rights to that service just like the other Albertans who live here."*

► *"A lot of people are overdosing themselves and committing suicide because they cannot deal with poverty, lack of employment and housing."*

Aboriginal people say that there are not enough mental health services located in the communities, or elsewhere. Some say that

waiting lists for service at the mental health clinics are too long. Some say there are not enough prevention strategies in their communities.

> ► *"The lack of mental health services is a priority. There is only one worker for the area and a two-month waiting list for services."*

> ► *"It would help if there were group homes on the reserve for the mentally ill."*

> ► *"There should be more preventative health care and mental health workers available to the communities. A lot of the problems begin at home. The health care providers should target the parents.*

Aboriginal people at the community meetings related the lack of mental health services to declining government funding.

> ► *"We are trying to incorporate Native traditional healing into our system but find the acceptance hard because of the bureaucracy. The community has a lot of good ideas but runs into stumbling blocks occasionally. I guess one of the underlying major factors is there is no new resources available at the present time to put these good ideas to work. Hopefully, in the future, we can extend our mental health services outside of the hospitals and into the surrounding reserves."*

> ► *"Just when Native people are starting to heal themselves through this service we are being cut back drastically by Medical Services Branch. Don't they realize that the incarceration rate for young offenders and adult offenders sits at the 85 per cent level? A major part of these problems stems from the mental sickness, poverty, dysfunctional families, suicides, poor housing, social assistance and alcohol and drug abuse. We need to do something with these people and their families. They have nowhere to turn and the local health clinics and hospitals do not understand Native people."*

Mental health services must be appropriate to the needs and culture of each community. Providing treatment to individuals often misses the larger community issues. Aboriginal people have indicated that health solutions are best found in cooperation with the community.

► *"Given the uniqueness of each community, it is necessary to complete a community profile and adequately assess the strengths and needs of the community and then act accordingly. Native mental health services must concentrate upon health as opposed to illness."*

► *"Suicide attempts, mental breakdowns and other disorders are surfacing more and more. Although professional therapists are available, they do not have the same degree of investment that a community member would have."*

Aboriginal people say that they are losing their young people to alcohol, drug and substance abuse, violence and suicide. They say that the problem is not that the individual kids are sick, but because of problems in the community like poverty, family breakdown and because of the problems Aboriginals have trying to live their own way in the White man's world.

► *"Mental health services to Native people must include intervention strategies that are appropriate to substance abuse."*

► *"A number of years back there were a number of suicides here. The suicides were related to the environment at school; the students had easy access to drugs such as marijuana, cocaine, acid, hash and LSD."*

Health workers in one reserve community pointed out the mental health issues that they meet when they visit homes in their community.

► *"Some of the problems we try to deal with on a fairly regular basis are: alcohol abuse, gas sniffing, sexual assault victims, family violence and violent episodes. These are some of the main issues we face each day as we make our home visits."*

The youth feel there need to be more programs set up to help their parents cope with life.

The White man's way might not help Aboriginal people. Mental health therapists should know about Aboriginal traditions and the effects that history have had on Aboriginal society, especially the terrible effect that residential schools have had on so many people. Mental health workers should learn from community elders.

► *"Mental health service must incorporate traditional Native healing concepts. It is important that referral networks be established between mental health therapists and traditional healers."*

► *"Mental health services must be holistic and address all needs of service recipients: physical, mental, emotional and spiritual. This requires that therapists become attuned to Native tradition and learn how to gain access to traditional Native people.*

Some Aboriginal people say that children's mental health services must be based in the community and should address the family. As well as regular and frequent service, they ask for home visits by therapists, involvement of therapists in the community, and to make sure everybody in the community knows about the service.

Aboriginal people have also said that mental health services should employ Aboriginal people as workers.

► *"Mental health services must incorporate Native workers but these workers need to be trained to work in the mental health field. This training may not take the form of a university education. Rather the training process should be such as to help potential Native workers understand their own life experiences and develop the abilities and strengths and skills necessary to work in a mental health system."*

The staff of Alberta Hospital Edmonton indicated that often the Aboriginal people who have been treated in their hospital for mental illness were not welcomed home to their communities. There must be more education among Aboriginal people to remove the stigma from people who have suffered from a mental illness. There must also be ways to help those communities provide support to the people who return home.

► *"The patient wants to go back to his or her community but runs into road blocks. There is no family and community support for the patient once they have recovered from their illness here at Alberta Hospital. There is a lot of resistance in the Native communities towards patients here at the hospital. In many cases our social workers have to attend community meetings on their behalf or with a patient, once they have recovered from their illness here at Alberta Hospital."*

Physicians

There were a lot of complaints against physicians at the community meetings. Much of this related to the perception of quick diagnosis, lack of communication, and over-prescription of medication.

In many cases, the Aboriginal community members were relating their experiences at emergency rooms and walk-in clinics. Many Aboriginal people do not have family physicians.

While most of the reported experiences were negative, some people said they had no complaints. Other said their physician provided good care and was a help to them and their family.

► *"It has become a social status to be under a doctor's care here in our community. The doctors think they can solve our health problems by stuffing pills in our faces, well that's a blatant disregard for our health. We are not rats where the doctors can test their new drugs on us.*

► *"We have a few cases here in our community where the doctors have performed hysterectomies and vasectomies on our young women and men. We condemn this practice and want something done about it."*

► *"When a new doctor arrives in town he usually does not last long because of the way the other doctors are operating. He usually moves on or falls prey to the other attitudes of doctors. It seems like they are using the 'McDonald's' approach, drive through and in two minutes you have your drugs. They are insensitive to Native values and Indian ways and have no time to do a thorough examination of the Native clients they serve."*

► *"Our elders are treated very poorly when they see a doctor. They ask our elders what is wrong and they do not understand English, so in a matter of two minutes the doctor prescribes more pills. The doctors don't have time to do a proper check-up of our elders."*

► *"They do not listen to you. If you try and explain your ailments or sickness, they start writing out a prescription before you even sit down."*

► *"We should be the healthiest people in Canada but the doctors are killing us with all these drugs. If we were paying the doctor's salary, I'm sure there wouldn't be abuse of the health system. There is a lot of money being wasted on drugs alone."*

► *"Often if you go for one visit, you get charged for two visits. Sometimes your number will be used for a prescription for 400 pills, which you have not received. Some dentists are also charging Native people for services that they do not receive. For instance, when you go for a filling in a tooth, they may charge you for x-rays and cleaning but they have not provided the service. Optometrists seem to be using the Native people to get extra money from the government unnecessarily."*

Ambulance services

Aboriginal people expressed a lot of concerns about ambulance services to their communities.

Many live in communities a long distance from the base of the ambulance operator. Good-weather drives of a half hour or more are not uncommon for many communities. For some communities the nearest hospital is two hours away.

Occasionally rural ambulance services are busy elsewhere, making the delay even longer.

A very serious problem is effective communication from the community to the ambulance operator. In many communities, people do not have phones in their homes and must rely on the phones at the health centre, at a band councillor's home or at the school. Some people do not understand how to use ambulances and ambulance dispatchers may not ask the right questions.

A tragic example that was brought to the attention of the Native Health Liaison Project workers involved a hunting accident on a reserve. A call was placed to the ambulance service describing the incident as a gunshot wound. An ambulance was dispatched with a police cruiser from the neighbouring community. However, another ambulance was already on its way to the reserve from another community. This ambulance was the first on the scene. Because the incident was reported as a shooting and not a hunting accident the ambulance driver stopped and waited at the

entrance to the reserve. It is against ambulance regulations to attend a gunshot incident without the police. The police and the second ambulance arrived ten minutes behind the first and proceeded to the victim's residence. Unfortunately the victim bled to death. The entire community has been very upset over this incident. Many people blame the ambulance for waiting at the entrance to the reserve.

One problem is the lack of telephones in some communities. An example was reported involving a drinking party and a brawl. The incident happened around one o'clock in the morning. One individual was left bleeding. His friend went to the home of a community member and asked that he phone for an ambulance. The community member thought the incident was not serious and did not call the ambulance until he was asked again and investigated the situation some three hours later. The ambulance was then called and arrived in 25 minutes. The community is concerned that the ambulance took four hours to arrive on the scene. Both of these incidents could have been dealt with more effectively if telephone communication had been better.

Sometimes ambulances have trouble finding homes on reserves where there are no street signs or numbers. Some ambulance services might not know that Indian and Northern Affairs Canada produces reserve residency maps which are updated annually. This might aid the ambulance service when travelling on reserve.

Some communities rely on air ambulance services. However these services are not available at night if there are no runway lights on the air strip.

Some ambulance services have had poorly qualified staff. Sometimes ambulance workers do not like to go into reserves or communities.

> ► *"We have a problem with the service ... It takes an ambulance from one to one-and-a-half hours to reach our community. They also do not have paramedics on the ambulance service they provide."*

> ► *"The ambulance service that we receive... is inadequate. For example, we had an accident out here in February of 1993 and two children lay on the highway for over an hour. When the ambulance did arrive they did not have any trained E.M.T. This a major concern for us."*

► *"The service is poor. Depending on the weather conditions, the roads may be impassable."*

While there may be no substitute for a rapid and safe medical evacuation, emergency health services would be enhanced in many communities if more people in communities were trained in first aid.

Midwifery

Traditionally, Aboriginal children were born at home with the help of midwives. There are Aboriginal women who have these traditional skills, learned from their mothers, but they do not practice their craft. Today many women must leave their communities to have their babies in hospitals.

There are some problems in dealing with emergencies, especially with young mothers. In some remote communities there may be difficulties in transporting mothers and babies quickly to hospital if they need to go.

► *"When we help people, no money is involved. When I was 17 my sister needed help to deliver a baby. I learned how from my mother. Babies were born at home. I was a midwife to 25 babies. There was no cost. One time I helped a calf be born. I had never done this before. The calf was part way out of the mother but it was twisted. I used White man's medicine, vaseline. I put it around the inside of the mother. I moved the head of the calf back inside the mother. I turned the calf around. It was born."*

► *"Medical Services Branch took away the rights of midwives. People still need help. I told the chief of Medical Services Branch this. We need an emergency program to help when mothers-to-be are in need."*

Home Care

Home care is a very important service that allows Aboriginal people to stay in their homes and communities when they are older, ill or recovering from illness.

Living on a reserve or in a community is often very hard work. Since there is often no running water, sewage or heating systems, many families must haul their water, chop and haul wood for cooking and heating, and deal with sewage.

Cooking and cleaning is also difficult for some people. Sometimes the families are unable to help as much as is needed.

Indian Affairs provides resources for homemaker programs for First Nations people living on reserves. However many people have said that the federal government should provide expanded home care programs to their communities.

First Nation communities face many problems in arranging for in-home care. Communities complain that often their homemakers and home care workers are poorly trained and that there is insufficient funding to provide all the services needed. Some people have said that part of the problem is that some Band members simply expect too much; they want a home care worker to provide exclusive services to one individual. These expectation place a lot of stress on the worker. One result is a lot of turnover among homemakers.

Another issue on First Nation communities is the lack of insurance for homemakers who transport patients.

Provincial home care programs are not available on reserve unless provided under contract with the Band Council or Medical Services Branch. These programs are often not fully available to remote communities. An issue for some communities is that homemakers may not understand Aboriginal culture.

An important concern that was raised in some communities is the lack of coordination among services in the community. There needs to be good communication between the home care nurse, the community health representatives, homemakers, and family members regarding the services being provided.

► *"Homemaker salaries are very low. It is difficult to attract and keep workers."*

► *"Gregory has cerebral palsy, he is the only boy and band member who receives 24-hour care. There are, however, two other boys in care at the home. The staff continues to train and attend workshops to better their skills to work with children with special needs. However, there is some difficulty in maintaining permanent staff from the community."*

Community development and control

Aboriginal communities - change from within

The sense of community and family is very strong among Aboriginal people.

> ► *"What I will be sharing with you is what I have experienced and lived through. Since the Europeans arrived in North America, the Aboriginal people have gone through many changes. Some of the changes I am talking about are the high rate of mortality, alcoholism, boarding school syndrome, foreign religion and cultural genocide. To this day the Aboriginal people have maintained their culture and spirituality. But there has been some long lasting damage done to the body, mind and spirit of Indian people because of the aforementioned problems. Before the Europeans arrived, Indian people relied on each other, parents, children and grandparents. Grandparents were teachers of culture and spirituality for the families and children. The system evolved in a circle, our culture did not have to be put in books, because we were living it and we are part of it. Today our culture and spirituality is still here, and probably will be long after I'm gone."*

Aboriginal people have said that if their communities are given the tools to bring about change, healing will begin from within.

> ► *"Programs must come from the community and be designed within the community. It's going to take some time."*

> ► *"We need a change, of togetherness, to create community, and have a sense of identity. It is not sufficient just to live, we have to see who we really are in this life."*

► *"Every single one of us is important in the community. We need to remember that. We need to trust ourselves to make the right decisions, we need to trust each other, and make sure whatever trust is given is not broken."*

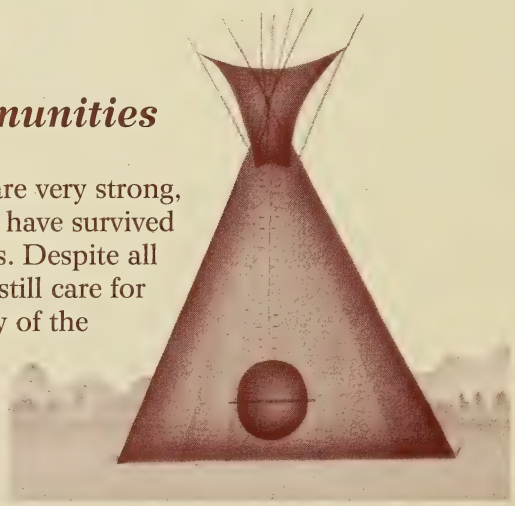
► *"Healthy communities are our greatest resource. But there are barriers that prevent us from experiencing good health and they are often as a result of our own lifestyles. Most of us have the knowledge of how to enhance our own health but knowing does not always translate into doing. Enhancing our health may require lifestyle change and habit changes, and that is difficult. It is easier to do things that make us feel good if we have resources available and support from those around us and our community."*

► *"The problem is that people go around with open wounds. They open the wound further by going into the past and they leave it there, hoping that it would heal. But it will not heal unless the individual or community begins to change the present; systematically, consciously and deliberately."*

The community-based approach must be open to the participation of all residents. It is best described as "bottom-up" not "top-down".

► *"You have to work with people rather than direct them. You have to give them positive social movement and use the bottom-up approach. The communities rebel when the top-down approach is used and this sort of approach tends to be less meaningful to the communities. "*

The strength of Aboriginal communities



Aboriginal communities are very strong, otherwise they would not have survived the last few hundred years. Despite all the problems, the people still care for each other and keep many of the old ways alive.

Aboriginal people have proven they will survive any hardship.

► *"Native communities live in harmony with the rest of the world. They have a special protective relationship with Mother Earth. Elders have prophesied that the time will come when the Red race will lead the White, Black and Yellow races into a new era of peace and harmony with nature. Only a race that has suffered so much can assume such an educational and healing role."*

► *"Native people are very conscious of the generations that will follow them. Traditional Native people understand that the decisions that are made today will affect people at least seven generations into the future. The emphasis is on the survival of the race and planet."*

► *"Despite the many problems, the Stoney people are survivors; they have maintained their sense of humour and their will to succeed. They want to effect changes in their own society and they are making definite progress. There is a strong effort on the reserve to bring back and emphasize Stoney cultural traditions."*

► *"I am concerned with the human, with the humans in all walks of life. I don't have a lot of schooling, but I do have a lot of experience. We as a human family must recognize that many people are suffering. We have to combine our efforts if we want to succeed to help those in need. We need to look beyond this earth for help. We have to go back to the source of life, to where the healing is. I want to help my people and my White brothers to learn from the Indian way."*

The future: Aboriginal control over community health services

Aboriginal people have said time and time again that they want to control development of their communities. Aboriginal people working together in their communities want to design and manage their health services. They want to manage their own money and employ their own people.

While Aboriginal people and their community leaders feel they have a right to health care, they do not want the government to be in charge of everything. Some want to have total control of health care immediately, others want to become equal partners with government departments, and work on creating more

effective working relationships. One way of doing that is to have Aboriginal people to sit on Regional Health Authorities.

Aboriginal people on Regional Health Authorities will not stop people from getting sick, but more input from Aboriginal people will help develop better ways of dealing with illness and injury in Aboriginal communities. Aboriginal people want to deal with their health problems in their own way.

> ► *"Our voice is not heard by outsiders. We expect to be listened to on issues that involve us. We know our land and we know our people. We are willing to share with those who will take the time and energy to learn about our lifestyle and our ways."*

Building trust relationships between government and Aboriginal communities

When Aboriginal people look at the history of their relationships with non-Aboriginal society many say they have good reason not to trust in the promises of Canadian federal and provincial governments. Government agencies must earn trust.

> ► *"The difference between the application of the treaty and the oral understanding of the Stoney people has resulted in much mistrust between the Stoneys and the dominant society. The issue of trust, specifically the lack of it, is a very large factor in Aboriginal/non-Aboriginal relationships."*

> *"A lot of us Native people cannot comprehend English. When we receive a letter or notice of meetings sponsored by the government the Native people walk the other way because they cannot understand the bureaucratic jargon. In many cases Native people get frustrated and just don't care what the government is doing and do not get involved in any new initiatives. This we find is a common concern out there in the Native communities. The people do not trust the government or some of the service providers because they have been burnt many times. There need to be changes made in all areas of the government and more Native people working within those services or departments. The Native people in this area feel comfortable when a Native person from the government attends their meetings. When a non-Native bureaucrat goes into the Native communities, automatically the Native people are apprehensive, and*

wonder what did we do now, is there a study or a survey going on again? These are just a few of the concerns Native people feel towards the bureaucratic system within the government."

► *"The current track record of government is very poor. Everything is being eroded. We, the Indian people, must draw the line somewhere. This creates fear for my future and the future of my grandchildren."*

► *"When policies are made; they are made White-man style. They should be made to help our culture. They are not what we would do if we had the choice. The issue for us is always money, money, money. The money comes from the government. We must do what we are told if we are to receive any money. However, we never get the money to the people in real need."*

► *"Governments make policies without listening to the people. They must go to the people. Things start to work then, meetings get the people going. We need to communicate with one another. I always learn something at meetings."*

► *"The problem we find is that new groups or organizations neglect networking. It would be very helpful if once a year all who were involved in all areas that impact on Native health would get together to share information. Currently this process is very fragmented. If the groups, committees or boards could get together we would gain a better understanding of what the health system is actually providing for Aboriginals."*

► *"Indian communities want more action, less talk."*

What you can do...

If you wish to make sure that the facts in this report have been recorded accurately, and that your thoughts and feelings are clearly understood, or if you have other ideas that would improve the health of Aboriginal people in Alberta and their communities, Alberta Health is anxious to hear from you. Please write to:

Aboriginal Health Unit
Population Health and Program Development Division
Alberta Health
Box 2222
10025 Jasper Avenue,
Edmonton, Alberta
T5J 2P4

You may also call the Aboriginal Health Unit at ***427-0407*** to discuss your views.

If you are calling long distance you can use the RITE Line to call toll-free by dialing 310-0000 and asking the operator to connect you with the above phone number.

Aboriginal people wishing to become more active might do so in a number of ways: talk to the local health care workers to see what can be done to solve immediate problems. They may wish to develop local projects and apply for funding. They may choose to seek membership on their local Regional Health Authority. Aboriginal community leaders may wish to discuss their community's health concerns and needs directly with their local Regional Health Authority.

Workers and administrators in the Alberta health care system might examine the policies of their organizations and make sure those policies are not offensive to Aboriginal people. They might also wish to contact Aboriginal people and communities for advice on how to make their health programs and services more comfortable and effective. They might also consider setting up a formal way to obtain advice from Aboriginal communities on a regular basis.

This report, ***Strengthening the Circle***, is one step in a continuing dialogue with Aboriginal people, their communities and associations. Hopefully, it will inspire people to talk to each other, and to find practical ways to improve the health of Aboriginal Albertans.

Appendices

Appendix I

Definitions

In the Constitution Act, 1982, ***"Aboriginal peoples of Canada"*** includes the Indian, Inuit and Metis people of Canada. While the term "aboriginal" is used in the constitution, the terms "indigenous" and "native" are commonly given the same broad meaning.

For some the word "native" is considered to have too many other meanings. For example, anyone born in Alberta may be referred to as a Native Albertan. Other people don't like to be called "aboriginal" or "indigenous" because they feel that the words don't mean anything. Some also don't like being called "Indians". That is because these words hide all the different names of the different cultures, just like the word "European" hides nationalities of the English, French and German people.

The Aboriginal nationalities living in Alberta include: Woodland Cree, Plains Cree, Chipewyan, Beaver, Slavey, Tsuu T'ina, Blackfoot, Blood, Peigan, Stoney, Metis, Inuit, and some others.

Within these broad nationalities, the concept of ***First Nation*** refers to the local communities or bands which are headed by a Chief and Council. This explains the reference to the Saddle Lake First Nation, the Mikisew Cree First Nation, the Athabasca Chipewyan First Nation.

A ***Band*** is an Indian community recognized by the Government of Canada. Under the treaties, the Canadian Government has set aside land and money for use by the Band.

A ***Reserve*** is land that has been set aside for the use of a First Nation or Band. Band members may live on-reserve. However, many Band members live "off-reserve" in other rural or urban communities.

A ***Treaty Indian*** is a registered Indian (recorded as an Indian in the Indian Register under the provisions of Section 2(1) of the Indian Act) who is a member of, or can prove descendance from, a Band that signed a treaty. A Treaty Indian may also be referred to as a First Nation person.

A ***Bill C-31 Indian*** is a person who has regained treaty status through the provision of an 1985 amendment to the Indian Act, known as Bill C-31. These

people may or may not have been admitted into an Indian Band. Most Bill C-31 Indians in Alberta have not been admitted into Bands.

A ***Band Member*** is any Registered Indian who is included on a Band's membership list. Many Bands have passed membership rules, thereby taking control of their own membership lists. A Band member may live on a reserve, and vote at most Band elections.

A ***Non-Status Indian*** is a person of Indian ancestry who is not registered as an Indian.

Metis are people of "mixed blood". Some trace their lineage to the early fur trade and to the participants of the Metis rebellions led by Louis Riel. Some Metis people are much like Indians in their lifestyle and culture. In Alberta, some Metis people have an identifiable land base, Metis settlements. Most, however, live off-settlement.

Inuit are aboriginal peoples of Northern Canada who share similar linguistic and cultural heritages.

Off-reserve Aboriginal people may include Treaty Indians, Metis people and Aboriginal people who have lost their treaty status who live in rural areas, towns and cities.

An ***elder*** is an Aboriginal person who has gained wisdom from life and who advises and educates other community members on the basis of their wisdom. This may include local history, tribal legends, traditional healing, and spirituality. In many Aboriginal cultures, elders are seen as a living link with the past. While most Aboriginal elders are older people, the reference to elder is not necessarily tied to age.

Community Health Representative (CHR)/Community Health Worker (CHW) - CHRs are health education workers on Indian Reserves, CHWs provide similar services to other Aboriginal communities. Their duties vary considerably depending on community need. Training is provided at the Alberta Vocational Centre, Lac La Biche.

Community is used in a variety of ways in this paper. It may refer to a group of people living in a defined geographical area such as an Indian reserve, a Metis settlement, or a community made up of people with a mixture of Aboriginal lineages. It may refer to a regional area such as a tribal council or a treaty area. It may refer to Aboriginal people residing in identifiable areas in towns and cities, particularly inner-city areas. It may also refer to Aboriginal people sharing common interests or goals.

Primary Health Care is essential health [services] based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community at a price they can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central junction and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health [services] as close as possible to where people live and work, and constitutes the first element of a continuing health process. (WHO, *The Alma Ata Declaration*, 1978).

Appendix II

Native Health Liason Project Meetings

Meetings held or attended on the following First Nation reserves

1991

September 4	Enoch First Nation, Winterburn, meeting with Executive Assistant to the President of the Indian Association of Alberta.
September 11	Enoch First Nation, Winterburn, meeting with the President of the Indian Association of Alberta.
	Four Nations, Hobbema, meeting with the Interim Director, Four NationAdministration, Four Nations of Hobbema (Montana, Samson, Ermineskin and Louis Bull).
	Stoney First Nations, Morley, meeting with Executive Assistant, Stoney First Nations (Good Stoney, Chiniki and Bear's Paw).

1992

June 4	Alexander First Nation, meeting with Health Director, Alexander First Nation.
June 15-17	Alexander First Nation, attended Indian Association of Alberta annual meeting.
July 20	Driftpile First Nation, meeting with Community Health Representatives from the Lesser Slave Lake, Indian Regional Council.
August 10	Whitefish Lake First Nation, made presentation to a provincial conference for Aboriginal youth.
August 22	Four Nations, Hobbema, attended South/Central Alberta Treaty Nation Conference on Family Violence and Sexual Abuse.
August 26	Heart Lake First Nation, community meeting.
October 6	Fort McKay First Nation, attended meeting with the Fort McKay/Fort McMurray Regional Environmental Health Coordinating Committee.
October 21	Eden Valley First Nation, community meeting.
November 19	Saddle Lake First Nation, attended First Nation Youth Conference to celebrate National Addictions Awareness Week.
November 20	Saddle Lake First Nation, community meeting.
December 1	Frog Lake First Nation, meeting with health services staff, board members and community members.

1993

January 26	Stoney First Nation, Morley, meeting with Morley health staff and a First Nations women's group.
January 27	Sunchild First Nation, meeting with councilors and health staff.
February 3	Saddle Lake First Nation, attended a ceremony hosted by community elders.
February 23	Sunchild First Nation, meeting with Chief.
March 4	Assumption First Nation, meeting with health providers.

May 17	Alexander First Nation, meeting with Chief and Council.
May 26	Peigan First Nation, meeting with health representatives.
July 30	Enoch First Nation, attended a workshop on the impact of AIDS and the HIV virus on First Nations.
September 22	Stoney First Nation, Nakoda Lodge, made a presentation to Treaty 7 health meeting.
November 16	Alexander First Nation, attended Band meeting on health and social issues.
October 14	Enoch First Nation, made a presentation to the Board and Executive of the Indian Association of Alberta.

Meetings held with representatives of First Nations

1991

September 6	Edmonton, meeting with Chairman and commission member, Alberta Indian Health Care Commission.
September 10	Edmonton, meeting with Urban Health Worker, Alberta Indian Health Care Commission.
	Fort McMurray, meeting with the Executive director of the Athabasca Tribal Corporation.
	Calgary, meeting with Urban Health Worker, Alberta Indian Health Care Commission.
	Edmonton, meeting with the Grand Chief, Grand Council of Treaty 8 First Nations.
	High Level, meeting with the Executive Director of the High Level Tribal Council.
	Slave Lake, meeting with the Executive Director of the Lesser Slave Lake Indian Regional Council.
	Calgary, meeting with the Executive Director of the Treaty 7 Tribal Council.
	St. Paul, meeting with the Executive Assistant to the North-East Tribal Chiefs Association.
	Spruce Grove, meeting with the Chairman of the Yellowhead Tribal Council.
November 5	Calgary, meeting with representatives of the three Stoney Tribal Chiefs and Councils from Morley Alberta.
November 7	Calgary, meeting with representatives of the Four Nations of Hobbema (Montana, Samson, Ermineskin and Louis Bull First Nations).

1992

May 22	Edmonton, meeting with Urban Health Worker, Alberta Indian Health CareCommission.
May 28	Edmonton, meeting with the Yellowhead Tribal Council and the Alberta Indian Health Care Commission, First Nations People With Disabilities Planning Meeting.
June 12	High Prairie, meeting with Director of Health Services, Lesser Slave Lake Indian Regional Council.
June 22-24	Edmonton, attended the First Nations People With Disabilities Conference sponsored by the Yellowhead Tribal Council and Alberta Indian Health Care Commission.
July 22-23	Yellowknife, Northwest Territories, presentation and meeting with the Treaty 8 Chiefs, at the annual meeting of Grand Council of Treaty 8 First Nations.

July 31 — Edmonton, meeting with Health Director, Grand Council of Treaty 8 First Nations.

September 16 — Edmonton, meeting with Saddle Lake Health Director, health board members and elder.

1993

March 11 — Edmonton, meeting with Urban Treaty Alliance Task Force at the Continental Inn.

April 2 — Edmonton, meeting with chairman and board members of the Urban Treaty Alliance.

April 6 — Fort Chipewyan, attended meetings of the Northern Alberta Rivers Study.

April 21 — Edmonton, meeting with Director of Health, board members and elders of the Saddle Lake First Nations.

May 3 — Calgary, meeting with Health Director, Treaty 7 Tribal Council.

May 10 — Calgary, meeting with the Health Directors of the Treaty 7 Tribal Council.

May 31 — Edmonton, meeting with Executive Director, Confederacy of Treaty 6 First Nations.

June 9 — Spruce Grove, meeting of the Alberta Indian Health Care Commission, First Nations People With Disabilities Committee at the Yellowhead Tribal Council Office.

1994

January 24 — Edmonton, made a presentation to "First Nations Unity In Networking of Community Based Health Resources Conference", Alberta Indian Health Care Commission.

Meetings held with representatives of the Metis Nation

1991

Edmonton, meeting with Executive Director, Metis Nation of Alberta.

August 14 — Edmonton, meeting with Case Work Supervisor, Metis Child and Family Services.

Lac La Biche, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 1.

Bonneyville, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 2.

Calgary, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 3.

Edmonton, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 4.

Slave Lake Alberta, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 5.

Peace River, meeting with Community Development Coordinator, Metis Nation of Alberta, Zone 6.

1992

August 11 — Slave Lake, attended Metis Nation of Alberta 64th Annual Assembly.

October 7 Edmonton, meeting with President of the Metis Nation of Alberta.
December 6 St. Albert, meeting with Executive Director and Metis Nation of Alberta staff.

1993

May 6 St. Albert, attended Metis Nation of Alberta open house and ceremonies announcing the Tripartite Process Agreement.
November 29 Edmonton, meeting with staff members of the Metis Nation of Alberta.

Meetings with Metis Settlements

1991

November 19 Edmonton, meeting with President and council members, Metis Settlements General Council.
December 13 Edmonton, made a presentation to the Metis Settlements General Council.

1992

December 1 Fishing Lake Metis Settlement, meeting with Council and health staff.

1993

January 25 East Prairie Metis Settlement, meeting with Council and staff.
January 26 Lac La Biche, meeting with a steering committee of health providers from Caslan and Kikino Metis Settlements.
January 26 Buffalo Lake Metis Settlement Council, meeting with Council.
February 8 Elizabeth Metis Settlement, meeting with Council and health staff.
February 9 Buffalo Lake Metis Settlement, community meeting.
March 5 Paddle Prairie Metis Settlement, community meeting.
August 25 Kikino Metis Settlement, meeting with Settlement Council.

Meetings held in the following non-status Aboriginal communities

1992

August 25 Trout Lake, meeting with community leaders.
August 25 Peerless Lake, community meeting.
October 8 Marlboro, meeting with representatives from the community.
October 15 Marlboro, community meeting.

1993

March 8 Trout Lake, community meeting.

Meeting held at Alberta Native Friendship Centres

1991

September 3	Edmonton, meeting with Coordinator, Alberta Native Friendship Centres Association.
	Calgary, meeting with Executive Director, Calgary Native Friendship Centre.
	Lethbridge, meeting with Executive Director, Lethbridge Native Friendship Centre.

1992

September 15	Edmonton, meeting with Provincial Coordinator, Alberta Native Friendship Centres Association.
September 25	Red Deer, attended annual meeting of Executive Directors of the Alberta Native Friendship Centres Association.
October 7	Edson Native Friendship Centre, community meeting.
October 13	High Prairie Native Friendship Centre, community meeting.
October 14	Fort McMurray, Nistowayou Native Friendship Centre community meeting.
October 20	Calgary Native Friendship Centre, community meeting.
October 22	Lethbridge, Sik-ooh-kotoki Native Friendship Centre, community meeting.
December 2	Edson Native Friendship Centre, community meeting.

1993

January 12	Edson, meeting with Aboriginal urban youth, Edson Friendship Centre.
January 24	High Prairie, meeting with Executive Director, High Prairie Native Friendship Centre.
January 25	Slave Lake, meeting with Executive Director of the Native Friendship Centre.
February 3	St. Paul, Manawanis Native Friendship Centre, community meeting.
February 11	High Prairie Native Friendship Centre, meeting of local health service providers and community members.
March 3	High Level Native Friendship Centre, community meeting.
June 14	Edmonton, Canadian Native Friendship Centre, attended meeting of the Urban Treaty Alliance.

Other Meetings

1991

August 6	Edmonton, meeting with inner-city agencies (Boyle Street Co-op, Ben Calf Robe Native School, Edmonton Youth Detention Centre among others) at the Boyle Street Co-op.
August 6	Edmonton, meeting with Special Advisor on Native Issues, Alberta Solicitor General.
August 12	Edmonton, meeting with Program Manager, Native Counselling Services of Alberta.
	Edmonton, meeting with Executive Director, Poundmaker Lodge.

November 6 Calgary, meeting with the Calgary Aboriginal Affairs Committee.
November 21 Edmonton, attended an organizational meeting of the Edmonton Aboriginal Representative Committee.
November 28 Edmonton, meeting with Executive Director, Nechi Institute.
December 4 Edmonton, meeting with trainers at the Nechi Institute.

1992

July 7-11 Edmonton, attended international addictions conference, Healing our Spirit Worldwide.
August 27 Edmonton, meeting with Director, Boyle Street Community Cooperative.
August 27 Edmonton, meeting with the Director and staff of the Boyle McCauley Health Clinic.
September 3 Edmonton, meeting with Director, Health Promotion, Edmonton Board of Health.
September 4 Edmonton, made a presentation to the Edmonton Urban Native Health Working Group.
September 23 Edmonton, meeting with Director of Alberta Region, National Native Alcohol And Drug Abuse Program, Medical Services Branch.
September 24 Edmonton, meeting with the Street Networking Group, Boyle Street Cooperative.
October 14 Canmore, attended in-service Native awareness workshop presented by the Canmore General and Auxiliary Hospital and Nursing Home and the Stoney First Nations from Morley.
October 21 High River, meeting with the Highwood - Little Bow Rural Health Planning Council's subcommittee on Native Health.
November 3 St. Paul, meeting with the Northeast Regional Mental Health Planning Committee.
November 19 Two Hills, meeting with Director of Nursing, Two Hills hospital.
November 19 St. Paul, meeting with Administrator of St. Theresse's hospital.
November 19 St. Paul, meeting with Supervisor Public Health Nursing, North Eastern Alberta Health Unit.
December 9 Edmonton, meeting with administrators and staff of Alberta Hospital Edmonton.

1993

January 6 Edmonton, meeting with Mental Health Regional Native Health Coordinators.
January 15 Edmonton, meeting with Program Coordinator, Feather of Hope.
January 25 High Prairie, meeting with the staff of the High Prairie Health Complex.
January 26 Lac La Biche, meeting with the North Eastern Native Health Steering Committee.
February 8 Elk Point, meeting with the Administrator and Director of Nursing of the Elk Point Hospital.
March 19 Calgary, made a presentation to the Calgary District Hospital Group's Native Health Liaison Committee at the Rocky View General Hospital.
March 26 Peace River, made a presentation to the Board of Trustees of the Northlands School Division.
May 3 Calgary, meeting with the Urban Aboriginal Health Working Group.

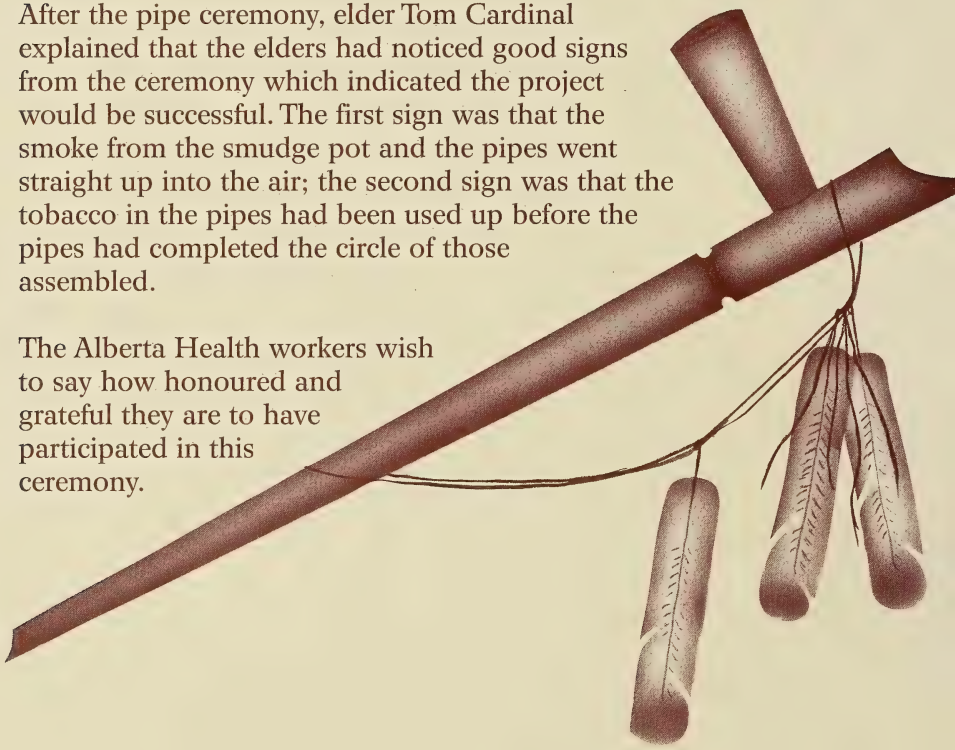
May 27	Edmonton, meeting with the Edmonton Urban Native Health Working Group subcommittee on child sexual abuse.
June 8	St. Albert, meeting with Multi-Agency Committee on Aboriginal AIDS in Alberta, Nechi Institute.
June 9, 10	Lac La Biche, attended Community Health Representative Convention, "Focus On Families: Wellness A Coordinated Effort," at the Alberta Vocational College.
June 25	Edmonton, organized a combined meeting of the Edmonton Urban Native Health Working Group and the Calgary Urban Aboriginal Working Group.
October 27	Edmonton, made a presentation to the School of Native Studies at the University of Alberta.
October 28	Edmonton, made a presentation to the Feather of Hope, Ad Hoc Education Steering Committee.

The Saddle Lake Pipe Ceremony

The Native Health Liaison Project was extremely honoured by a special event at Saddle Lake. Before the meeting in Saddle Lake, there was a pipe ceremony led by community elders. The ceremony consisted of gifts of tobacco and cloth for each of the pipe carriers. There were four pipes — one woman's pipe, the others were for the men. For the Cree people of Saddle Lake, the pipe represents truth and law, a meaning similar to the constitution for other Canadians. The elders gave prayers for the success of the meeting and for the success of the Native Health Liaison Project.

After the pipe ceremony, elder Tom Cardinal explained that the elders had noticed good signs from the ceremony which indicated the project would be successful. The first sign was that the smoke from the smudge pot and the pipes went straight up into the air; the second sign was that the tobacco in the pipes had been used up before the pipes had completed the circle of those assembled.

The Alberta Health workers wish to say how honoured and grateful they are to have participated in this ceremony.



Aboriginal Health Strategy for Alberta Health

April 1995

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Aboriginal Health Strategy for Alberta Health

April 1995

Alberta Health has examined the ideas, concerns and stories that were presented by Aboriginal people through the Native Health Liaison Project. After a review of the many issues that were raised, Alberta Health is proposing an ***Aboriginal Health Strategy***. This strategy is a way of directing Alberta Health's policies and funding to address the key concerns that were brought forward by Aboriginal people during the community meetings and other meetings with Aboriginal people and leaders.

The Aboriginal Health Strategy will assist Alberta Health, Regional Health Authorities, and health providers to build and strengthen relationships and understanding between Aboriginal and non-Aboriginal people.

The strategy provides an opportunity to renew discussions with Aboriginal leaders and communities in Alberta in order to develop specific approaches to improve access to health programs that are sensitive to Aboriginal culture and Aboriginal community needs.The strategy will evolve over time in response to the changing circumstances of Aboriginal communities, changes in the health status and health needs of Aboriginal people and communities, and continuing input from Aboriginal people. The implementation of this strategy at the local level will involve dialogue among Aboriginal communities, Alberta Health, Regional Health Authorities and local health providers.

Two underlying themes

Discussions between Aboriginal people and Native Health Liaison Project workers centered around two main ideas. In the first place, governments must respect Aboriginal people and honour their responsibilities to Aboriginal people. Secondly, governments and health service agencies must work with Aboriginal people to reduce inequities in access to health care.

- ***Honour existing relationships between governments and Aboriginal people***

The special relationship between the Alberta and Canadian Governments and the Aboriginal people of Alberta must be understood and respected. There are constitutional, legal and public policy considerations which shape the relationships between the Government of Alberta and First Nations, and between the Government of Alberta and the Metis people of Alberta.

First Nations

The special relationship between the Government of Canada and First Nations must be respected. There are approximately 45 First Nations in Alberta. The Chief and Council is the governing body for each First Nation. There are three treaty areas in Alberta representing Treaties 6, 7, and 8. Along with Treaty area organizations, most First Nations are also members of Tribal Councils. First Nations people have organized into a number of provincial, regional and local associations and organizations.

Some confusion exists as to which government is to provide which service. Alberta Health and provincially funded health agencies and health providers should begin discussions with First Nations on how to build consultative and supportive relationships which will not compromise the special relationship between First Nations and the federal government.

First Nations people use a wide range of provincial health services off-reserve. In addition, provincial public and mental health services may be provided on-reserve ***under contract*** through Medical Services Branch of Health Canada or through the Chief and Council.

Some other specific health initiatives may be provided on reserves in response to requests from Chief and Council, like workshops on AIDS, family violence, suicide prevention, and so on. Regional Health Authorities and local health providers are encouraged to develop appropriate relationships with the First Nation communities in their regions. These relationships should not affect the special relationship between the First Nation and the federal government.

Metis Settlements

The 1990 Metis Settlements legislation established structures and systems of governance for the eight Metis Settlements in Alberta. Each of the Settlements is governed through an elected Chairman and Council. The Settlements have formed a General Council to deal with matters of mutual interest.

Regional Health Authorities and health service providers are encouraged to develop effective working relationships with the individual Settlements. The Alberta Metis Settlements Transition Commission may assist Alberta Health and service providers to develop working relationships with the individual Settlements and with the Metis Settlements General Council. Provincial health services shall be provided to the Settlements at an equitable level to other similar communities.

Metis and urban-based Aboriginal organizations

Some Aboriginal people have organized themselves into a variety of political, business, social and service delivery organizations. Some of these organizations provide health or health related services to their membership and others.

The Metis Nation of Alberta Association (MNA) is organized into 6 Zones or Regional Councils. There are approximately 45 MNA Locals across Alberta in both rural and urban settings. The MNA has signed two agreements with the Alberta Government which concern access to provincial services: the Alberta/Metis Nation Framework

Agreement and the Tripartite Process Agreement which also includes the Government of Canada. Metis Child and Family Services Society is an example of a Metis agency which provides services to Metis families.

Alberta Native Friendship Centres are organized in approximately 20 urban communities across Alberta. They provide a meeting place as well as a wide variety of services (recreational, educational and social) for Aboriginal people on a "status-blind" basis. They may help Regional Health Authorities and urban-based health providers meet with Aboriginal people living in their communities.

Regional Health Authorities and health providers are encouraged to develop appropriate relationships with representative First Nation, Metis and Aboriginal organizations in the urban and rural communities within their regions.

• *Reduce inequities in access to health care*

Our talks with Aboriginal leaders and communities have led us to identify four barriers to health that need to be removed:

1. ***The lack of primary health care services to Metis Settlements and rural and remote, mixed-Aboriginal communities.*** Metis Settlements and rural mixed-Aboriginal communities do not have enough community health services. Some have only monthly visits by a community health nurse. Sometimes the health facilities may be limited to the occasional use of office space during these visits.

2. ***Poor access to provincial health programs and private practitioners throughout Alberta.*** Aboriginal people generally do not use all the services available to them, which means they might eventually need more costly services and treatment later. The current health promotion and disease and injury prevention services need to be changed so that they will be used more effectively. Provincial health services should be sensitive to local First Nation, Metis and Aboriginal cultures.

3. ***Barriers to the effective participation of Aboriginal communities in the design and delivery of health services.*** Aboriginal people and communities want to have a say in developing and maintaining their health services. Health services must be developed and delivered in close partnership with the people and communities they serve.

4. ***Barriers to the effective participation of Aboriginal people in addressing their own health needs and the health needs of their communities.*** Knowledge about the promotion of good health as well as opportunities to participate in the health professions must be improved. These efforts will assist Aboriginal people to address other barriers to good health.

Alberta Health proposes the following principles and long-term goals to guide the development of this health strategy over the next 6 years. In general, the principles emphasize reasonable access to health services, culturally sensitive services and behaviour by health providers, and effective community participation in the planning, design and administration of health services.

The overarching long-term goal of the strategy is to reduce inequalities in health status between the Aboriginal and non-Aboriginal people in Alberta. For the short to medium term, five specific objectives, along with supporting actions, are proposed.

Proposed principles

The Aboriginal Health Strategy is based upon the following nine principles:

1. Aboriginal people must have the same opportunity for good health as non-Aboriginal people.

2. Alberta Health acknowledges the special relationship between the Government of Canada and First Nations.

3. There is zero tolerance for racism or discrimination in the health system of Alberta.

4. Aboriginal peoples, regardless of location, have the right to reasonable access to health and other services that contribute to good health.

5. Health services for Aboriginal people must complement Aboriginal culture.

6. Aboriginal people should have an opportunity to take part in decisions about their health care. They should have an opportunity to be involved in deciding what is important, what should be done, and what should be done first.

7. Aboriginal organizations or governments should have an opportunity to take part in the administration and delivery of health services to their communities.

8. Health programs and services must take into account that every community is different: each has specific environmental, economic, social, cultural and political circumstances.

9. The health problems of Aboriginal peoples may be different from those faced by other Albertans and may require solutions designed specifically for them.

Proposed long-term goals

1. Reduce inequalities in health status between the Aboriginal and non-Aboriginal people in Alberta.

2. Eliminate instances of racism and discrimination in the health system in Alberta.

3. Improve the availability of health services to remote and rural Aboriginal communities throughout Alberta.

4. Improve access to health services for Aboriginal people living in the urban population centres of Alberta.

5. Increase the level of involvement and control by Aboriginal people in the planning, administration and delivery of health services to their communities.

6. Improve the quantity and quality of health information and education programs available to Aboriginal communities.

7. Increase the responsiveness of health programs and services to local economic development (local resourcing and employment) and political development (local management and control) goals of Aboriginal communities.

8. Deliver health services to Aboriginal people in a competent, cost effective and culturally sensitive manner.

9. Increase the number and proportion of Aboriginal people working throughout the health sector in Alberta.

Proposed priorities for action

There are five areas where action may be taken right away to improve the health of Aboriginal people in Alberta:

Objective 1. ***Improve primary health care services to the under-serviced remote and/or rural Metis Settlements and mixed-Aboriginal communities.***

Actions

a. Improve the quality and range of health services available to the Northern communities (Loon Lake, Peerless Lake and Trout Lake) as well as Fort Chipewyan. Discussions are proceeding with these communities.

b. Improve the services available to other under-serviced communities: Metis Settlements and mixed-Aboriginal communities in remote/rural areas. The "alternate health service delivery model", focusing on primary health care and community nurse practitioners as developed for the Northern communities, is a useful approach which may be modified for other remote Aboriginal communities.

- Health programming for Metis Settlements should be undertaken in consultation with the Chairman and Council of individual Metis Settlements, the Metis Settlements General Council and the Metis Settlements Transition Commission. In consultation with the General Council and the Transition Commission, develop a five-year-plan to address both health facility and health services priorities.

- Improve health services to mixed-Aboriginal communities in remote/rural areas of the province. Some of these communities are less organized and have less infrastructure than the Metis Settlements. In consultation with individual communities, Regional Health Authorities, and the Provincial Mental Health Board, examine and prioritize health service needs and develop a five-year-plan to improve public and mental health services to these communities.

Objective 2. ***Improve access to provincial health services by Aboriginal people.***

Actions

a. In collaboration with individual Metis Settlements, the Metis Settlements General Council and the Metis Settlements Transition Commission, review Alberta Health's Aids to Daily Living and Home Care programs to ensure their appropriateness and effectiveness in Metis Settlements.

b. Encourage provincially funded health providers to develop policies and programs to ensure there is no racism or discrimination in the health system.

c. Encourage provincially funded health providers to develop Aboriginal cultural sensitivity workshops and consultation processes with local Aboriginal communities. The aim is to develop permanent working relationships with Aboriginal communities.

d. Encourage provincially funded health providers to develop policies to accommodate the expression of Aboriginal cultures. Policies may include visits by extended families, Aboriginal dietary preferences including game dishes, and respect for Aboriginal spirituality (prayers, ceremonial objects, burning sweetgrass).

e. Fund Aboriginal health liaison worker programs and Aboriginal-specific health promotion programs in Alberta hospitals, extended care facilities, health units and mental health programs. Aboriginal health liaison worker programs and Aboriginal-specific health promotion programs must include partnerships with local Aboriginal communities.

f. Develop protocols that will permit the interaction of traditional healers with the Alberta health system.

g. In collaboration with Alberta Family and Social Services address the issue of medical transportation and accommodation benefits for non-status Indian and Metis people living in remote communities.

Objective 3. ***Establish partnerships with Aboriginal communities to design appropriate health services.***

Actions

a. Develop effective relationships between Alberta Health, and the following provincial associations and treaty areas: Metis Settlements General Council, Metis Nation of Alberta Association, Grand Council of Treaty 8, the Confederacy of Treaty 6 First Nations, Treaty 7 Tribal Council.

b. Facilitate the establishment of partnerships between Regional Health Authorities, local health providers and the leadership of Aboriginal communities. Collaboratively design appropriate health programs to meet community needs.

c. In partnership with First Nations, Metis Settlements and other Aboriginal communities, work with federal and other provincial government departments to address the broader determinants of health including: community infrastructure such as adequate roads, clean water, adequate housing, appropriate sewage systems; as well as economic development issues such as employment.

d. Develop policy and funding mechanisms that will enable Aboriginal communities to assume greater control over their health services.

e. Promote appropriate representation from First Nations, Metis Settlements and other Aboriginal communities on Regional Health Authorities.

f. Develop guidelines for Alberta Health and health providers to assist Aboriginal communities to analyze their health needs, to develop community solutions and to negotiate with Alberta Health. The aim is to develop cost-effective health programming that is acceptable to both the community and the department.

Objective 4. ***Improve the level of knowledge of Aboriginal people about health and the health system.***

Actions

a. Support the development of Aboriginal-specific health promotion and education programs. Programs might include AIDS awareness, suicide awareness, addiction, family violence, nutrition programs, vaccination support programs.

b. In collaboration with Aboriginal organizations, develop and distribute Aboriginal-specific health resource materials.

c. In collaboration with Health Canada, the Alberta College of Physicians and Surgeons and the Alberta Pharmaceutical Association, address prescription drug abuse.

Objective 5. ***Increase the level of workforce participation of Aboriginal people in the health system of Alberta.***

Actions

a. In association with Alberta Advanced Education and Career Development, support Aboriginal placements and bursaries in post secondary and adult education health career programs, such as those at the University of Alberta and Athabasca University.

b. In association with Alberta Advanced Education and Career Development, support the operation of personal support systems for Aboriginal students in post-secondary and adult education institutions.

c. Support Aboriginal placements in Community Health Representative (CHR), Emergency Medical Responder, and Emergency Medical Technician programs.

Please use this page to express any other views, alternatives or ideas about ***Strengthening the Circle*** and ***The Aboriginal Health Strategy***. Use additional sheets if you wish. We welcome your comments and concerns.

Please send your comments to:

Aboriginal Health Unit
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10025 Jasper Avenue
Edmonton, Alberta
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Or Phone:
Aboriginal Health Unit
427-0407

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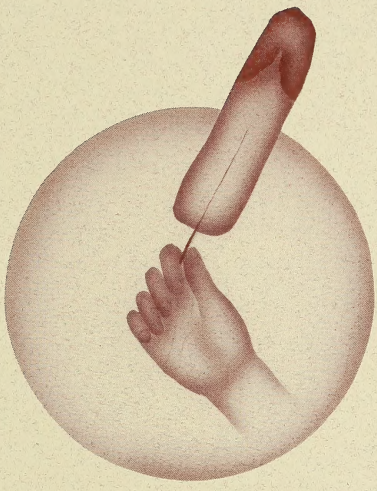

If you require additional copies of ***Strengthening the Circle*** and ***The Aboriginal Health Strategy***, or have other views, alternatives or ideas about the paper, please contact:

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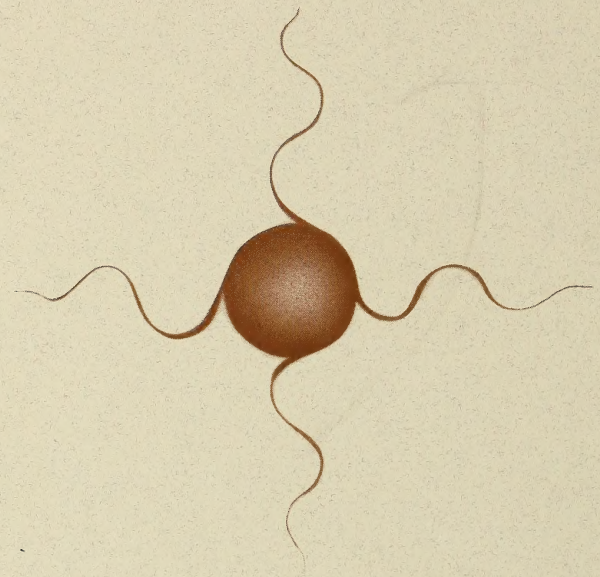

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